

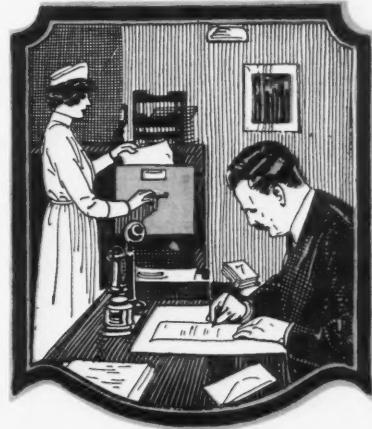
# THE *Canadian Hospital*

*A Monthly Journal for Hospital Executives*

Toronto, Can.

*The Edwards Publishing Company*

November, 1934



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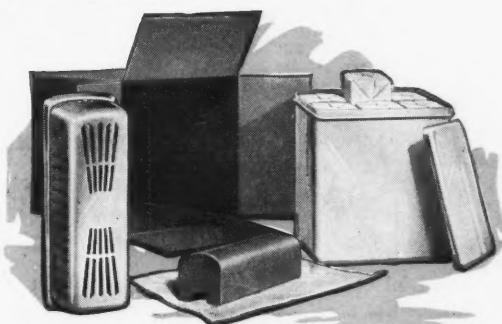


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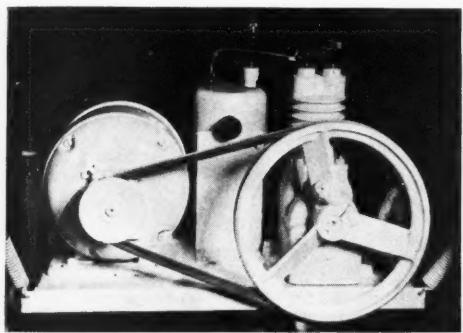
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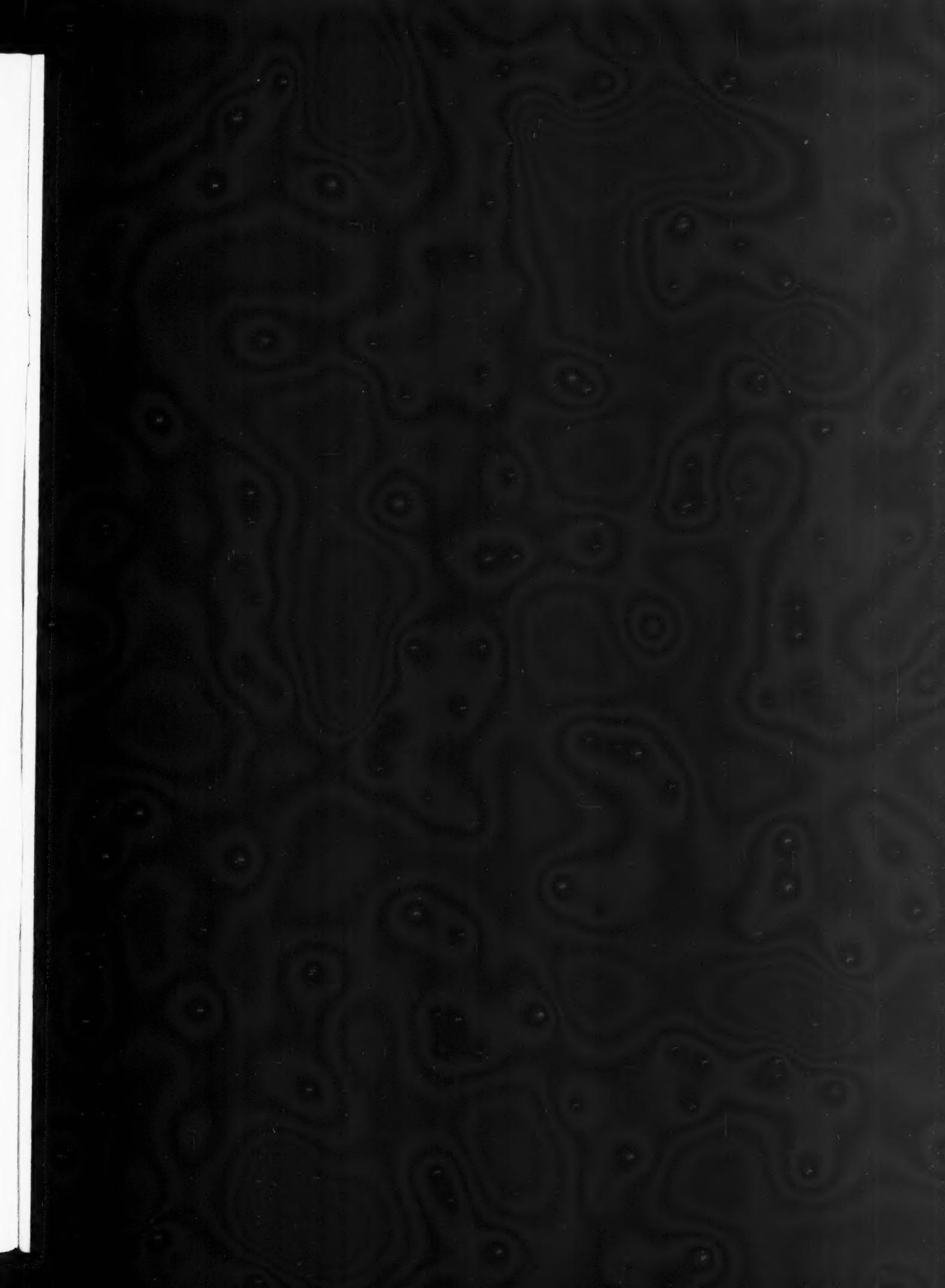
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As a tonic Malt Extract is of course, well known. Cod Liver Oil is universally accepted as indispensable for certain conditions. The name A. Wander Limited is also one well known to you as that of the manufacturer of Ovaltine, the Tonic Food Beverage.

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## JEWISH GENERAL HOSPITAL MONTREAL

The firms on this page participated in  
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### All of the **FURNITURE**

for the Solariums; the special "EVEREST" reclining chairs for the private patients' rooms, also the maple reproductions for the main floor reception room, for the new Jewish General Hospital at Montreal

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*The new Jewish General Hospital, Montreal, ideally situated on the slope of Mount Royal, is modern in every particular.*

## Montreal Jewish General Hospital Opens With Impressive Ceremony

In the presence of a distinguished gathering of citizens of Montreal and the Province of Quebec, representative of every race and creed, and of leading members of the medical profession, His Excellency the Earl of Bessborough, Governor-General of Canada, placed the last stone marking the completion of the Jewish General Hospital of Montreal.

The dedication of Montreal's first Jewish General Hospital, carried out before a crowd of several thousand persons on the front lawn of the institution, marked the culmination of an idea conceived, nurtured and brought to fruition by a loyal and self-sacrificing group of Montrealers.

The keynote of the proceedings was struck by Allan Bronfman, president of the hospital, who, unable to attend the dedicatory ceremony, telegraphed the following message: "Charity knows not the limitation of race or creed, and it is but natural that this haven of health should be open to all."

Mr. Bronfman, who was to have delivered the address of welcome to His Excellency, was taken seriously ill in New York on the eve of his departure for Montreal. His brother, Samuel Bronfman, was forced to remain at his bedside, and his elder brother, Harry Bronfman, was called upon to take his place.

Following a luncheon in the Montefiore Club, and a

programme of dedication addresses and prayers, His Excellency spread the mortar cementing in place the last stone of the building and unveiled a tablet recording the event. Then, Hon. Athanase David, Provincial Secretary, who represented Hon. L. A. Taschereau, opened the doors of the building with a golden key and the guests proceeded to inspect the institution.

Situated in a "splendid isolation" of one million square feet of land, owned by the hospital, unobstructed sunshine, uncontaminated air and a splendid view is guaranteed for generations to come. The site is located on Cote St. Catherine road, just west of Cote des Neiges road, the front entrance permitting a view of Brother Andre's Shrine, while the solariums and windows on the rear of the building are exposed to a wide expanse of undeveloped land towards the Laurentian Mountains. J. Cecil McDougall, Montreal, was the architect.

In the general policy of the hospital a democratic principle stands out in the fact that the furniture for public patients, the solariums, and the quality and method of serving food, will be the same as for private patients.

Outstanding in public ward methods in general use are the four-bed public ward units. These consist of two wards in between which is a nurse's station for observation through glass panels, and in order to prevent interference by unruly or delirious patients a sound-proof

room has been built directly in front of the nurse's station between the two wards, thus giving the visual observation of all three rooms from her desk. Hospital authorities have put into application here their conception that it is practically impossible to care for patients in the various stages of convalescence in the same room with gravely ill patients and those just operated on, and is an expression of an attempt to give public patients attention approximate to that of a private patient.

There is a fine quality of excellence at once apparent in the pleasingly simple motif which predominates in the furnishings throughout the hospital, with color in appropriate places to relieve the drabness often found in hospital corridors and conventional sections.

There are five operating rooms, one of which is a room specially equipped for treatment of fracture cases, with a mechanical operating table with universal adjustment and detachable sections, enabling X-Ray observation without removal to another room. The table is the only installation of its kind in Canada, and simplifies the adjustment of the patient's limbs and body to positions in which fractures and broken bones may be treated.

Including every detail of modern application, the X-Ray room is conceded by medical authorities to be the most complete hospital unit in Eastern Canada. The X-Ray machines are of recent design, and embody the latest improvements. A movable X-Ray machine by which a patient may be X-Rayed in his own bed without disturbance, is also included. This, also, it is said, is the only installation of its kind in Canada.

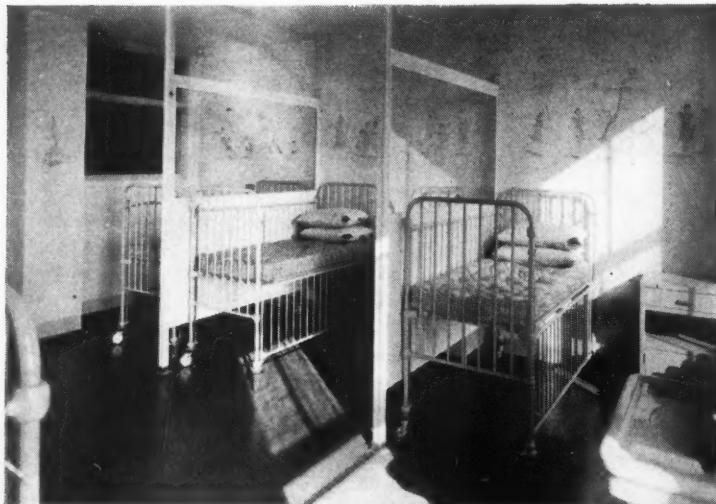
An entire floor of the building will be devoted to obstetrical cases. The nurseries for new born infants are specially equipped for the individual handling of each baby. There are special devices for bathing, and for controlling the temperature of the rooms, while provision has been made for isolation in complicated maternity cases.

A special solarium with vioray glass windows for children built into a part of the building exposed to the sun during the greater part of the day, is furnished with diminutive furniture, in order that the little ones may feel at home. Provision for the sleeping of children includes three six-crib rooms, one four-crib room and two private rooms.

The total capacity of the hospital is 226 beds, of which more than half are for public patients. Besides actual bed accommodation for patients a great deal of hospital space is devoted to special requirements such as laundry, power and other mechanical units. There are five dining rooms, showers and a recreation room for employees on the ground floor.

The out-patient department is situated on the ground floor, and includes specially designed equipment for treatment of ailments of the ear, nose, throat, while dental, urological, gynaecology, and other branches of medical and surgical work are to be carried on here.

One thing which impresses the visitor is the modern kitchen on each floor of the hospital, of which there are five. These kitchens contain steam plates, electrical refrigeration, electric stoves, and all other appliances essential to the modern kitchen.

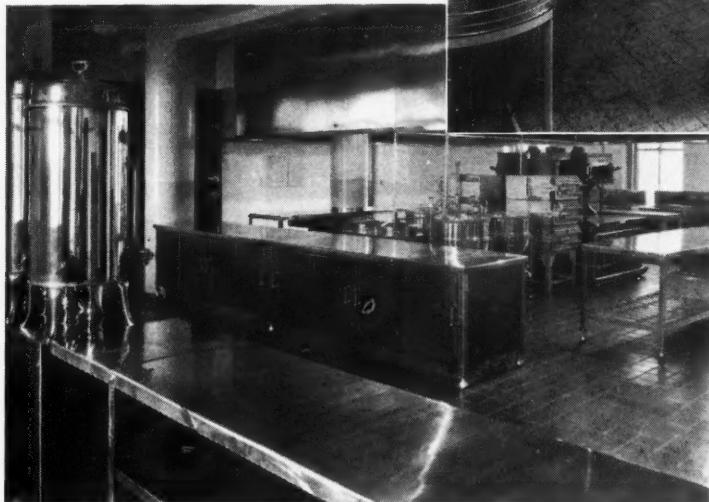
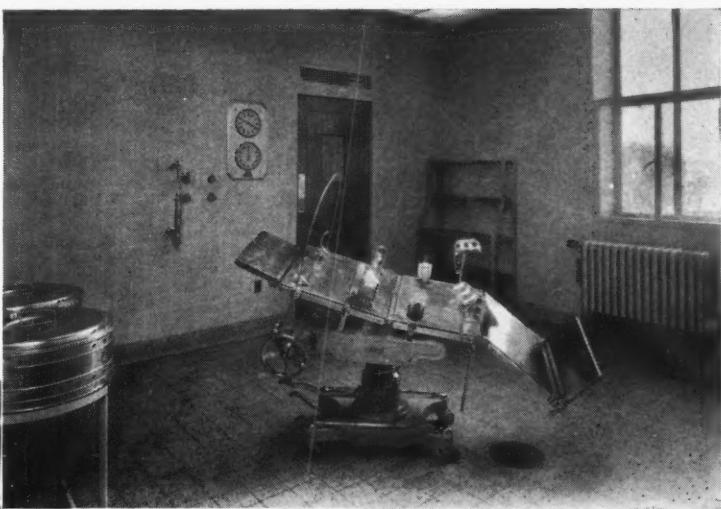


*A corner in the children's ward, showing nursery pictures painted on the walls. Each crib is separated by glass partitions.*



*The four-bed public ward units are attractive, and convenient. Nurses' stations permit observation through glass panels.*

*This operating room, with its head-end controlled operating table, has shadowless lighting in the ceiling, timing clock and other new features.*



### New Jewish General Hospital, Montreal

The main kitchens are on the ground floor, complete in every detail for modern hospital cooking. They are specially fitted to meet the Jewish dietary laws, in addition to catering to general cooking. The staff dining rooms are adjacent to the kitchens.

Acoustic plaster ceilings, sound-proof floors and walls have been used throughout the building, which is T-shaped.

At the easterly and westerly extremities of the building solaria glazed with vioray glass have been fitted, and on the roof of the wing housing the out-patient department is a sun-deck available for convalescents.

A vacuum system of steam heat with direct radiators located in all rooms, thermostatically controlled, will be used to heat the building. Electric power is obtained from outside, and although there are two incoming supply lines, it was considered necessary to have absolute reliability of power supply, and for this purpose a small steam turbine generator set has been installed to carry the lighting of all corridors, stairways and operating rooms in case of emergency.

Doctors and nurses can be located at any point in the hospital and called to wherever their services are desired, by a special signalling system. With this system a doctor or nurse can move to another part of the building and still remain in touch with every operating unit.

In addition to large solariums on each of the floors,

each of which will accommodate 15 to 20 patients, there is a vioray glass enclosed solarium on the roof of the building, as well as an open solarium capable of accommodating 50 patients in beds.

All solariums throughout the hospital are furnished with comfortable chairs upholstered in a pleasing colour scheme, full length lounges and chaises-longues also being placed at points where sunshine enters.

To guard against obstruction of view or contamination of fresh air, the hospital was built on a property on the northwestern slope of Mount Royal, and advantage was taken of this slope to minimize excavation work and provide level entrances at the front and rear of the hospital for ambulances.

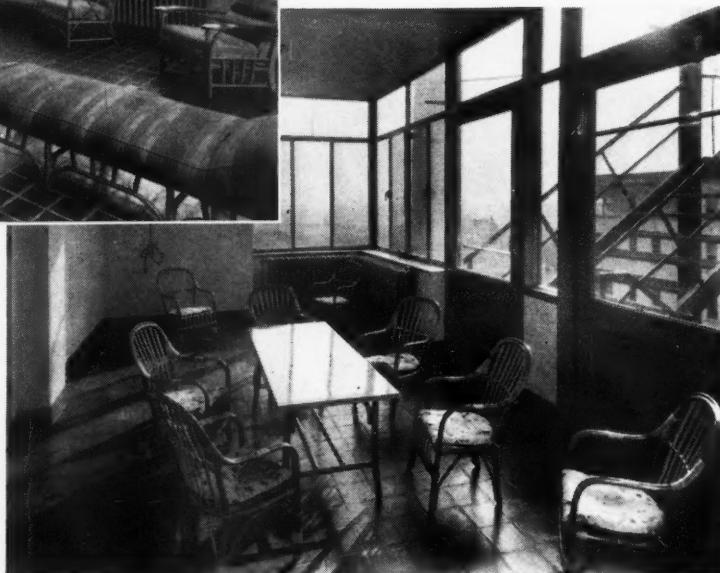
The hospital building committee throughout the entire planning of the structure adhered to a policy designed to meet changing demands in hospital work, and while the building, equipment and furnishings are of the finest material and workmanship, economy in future operation has been borne in mind.

Administrative offices and lecture rooms are located on the main floor, on which are also to be found comfortable waiting rooms for patients and for their friends.

High tribute is accorded by the Board of Administration to the Jewish citizens of Montreal, who through sacrifice and loyalty have made the Jewish General Hospital an established institution, after five years of effort.



*Spacious "violet-ray" glassed solariums enable patients to bask in health giving rays.*



*Convalescent children may enjoy their meals in this cosy solarium with its appropriate furniture.*

*Photographs by Associated Screen News Limited*

### New Jewish General Hospital, Montreal

In September, 1929, the objective of \$600,000 was set, and before the campaign finished the fund was over-subscribed.

The Jewish community may well be proud of its hospital and most particularly of the fact that every bit of equipment has been paid for. All too seldom does an institution open its doors for public service free from the shadow of debt.

The superintendent of the hospital is Samuel S. Cohen, who was connected with the Beth Israel Hospital in New York for 16 years.

The superintendent of nurses, Miss Amy Mendels, who is a native of Lanark, graduated from the Ottawa Ladies'

College in 1914 and received her medical training in Mount Sinai hospital in New York.

The medical staff includes the following:— Medicine, Dr. Joseph Kaufmann, consulting physician; surgery, Dr. Edward Archibald, consulting surgeon; gynaecology and obstetrics, Dr. James Robert Goodall; senior physician-accoucheur in the department of obstetrics, Dr. Max Wiseman; pediatrics, Dr. Alton Goldbloom; oto-laryngology, Dr. A. O. Freedman; ophthalmology, Dr. J. Rosenbaum.

Further major appointments are being made and these together with the staff appointments in each department will number about 50 in all.

### Occupational Therapists Hold Annual Meeting

The Canadian Association of Occupational Therapy held its fourth annual convention and the Ontario Society its eighth annual convention, concurrently at the Royal York Hotel, Toronto, October 26th and 27th, following the Ontario Hospital Association meeting. The two bodies held separate business meetings but met together for addresses and discussion of their work.

Doctor Goldwin Holland, president of the former organization, and Mrs. Douglas Hogg, chairman of the Ontario Society, were in charge of their respective business sessions.

After luncheon, Brigadier General C. M. Nelles, pre-

sident of the Ontario Hospital Association, delivered the address of welcome. During the afternoon papers on various phases of occupational therapy work were given by the following: Dr. Allan S. Kennedy, of the Mountain Sanitorium, Hamilton; Miss Isabelle Lockhart Gordon, of the Vancouver General Hospital; Doctor R. C. Montgomery, Ontario Hospital, Hamilton, and Miss Marguerite Emery, Mount Sinai Hospital, New York.

At the banquet in the evening the Hon. Dr. J. A. Faulkner addressed the gathering, followed by Dr. D. M. Robertson, Ottawa Civic Hospital, Ottawa; Miss N. D. Fidler, Superintendent of Nurses, Ontario Hospital, Whitby; Mr. B. Evan Parry, Architect, Toronto, and Dr. Chas. Hair, Toronto.

## Ontario Hospital Association Enjoys Enthusiastic Meeting

THE eleventh annual convention of the Ontario Hospital Association, held in Toronto from October 24th to 26th, brought together the leading executives, trustees, staff physicians and nurses representing practically every hospital in Ontario. The programme was filled with interesting committee reports and valuable papers prepared by leaders in their field.

The usual welcoming formalities and opening of exhibits took place Wednesday morning followed by an address from Doctor B. T. McGhie, the Deputy Minister of Hospitals.

"Maternal Care in Hospitals" was the theme of the address given by Doctor M. T. MacEachern of the American College of Surgeons, Chicago. In his paper, Doctor MacEachern pointed out that no woman could be certain that her case would be entirely normal and said that the hospital offered the best facilities for dealing with abnormal conditions which might arise in obstetrics. The following day Doctor MacEachern gave a very valuable resumé of the final report of the United States Committee on the Grading of Nursing Schools. In commenting on this report, Doctor MacEachern said the report was the outcome of 8 years' work, at an expenditure of \$283,500. However, this expenditure of time and money has been justified for overproduction of nurses has already been curtailed and there is a reduction in the

numbers of poorer training schools. Doctor MacEachern recommended this valuable report to those interested in the subject of nursing. Doctor John Ferguson, commenting on this paper, suggested as a solution of the problem of overproduction a careful estimate of the number of trained nurses required by the province and of the number of graduates needed each year to keep up an adequate supply. Further, Georges Verreault's report from the Ontario Study Committee on Nursing Education, and a round table discussion, completed the Nurses Section of the meeting.

The Honourable, Dr. J. A. Faulkner, the new Minister of Health, gave the luncheon address on the opening day and stressed the further need of economy in our hospitals.

Mr. Hugh Wolfenden, F.I.A., F.A.S., F.S.S., who is an outstanding authority on Health Insurance, gave an instructive paper on "The Problem of Health Insurance." Mr. Wolfenden told about health insurance plans which were in existence in Europe centuries ago and he believed in evolving a system of careful investigation and deliberate rather than precipitate action might lead to schemes which would avoid the mistakes of the European methods. In order to accomplish this a great deal of study must be devoted to the subject. Mr. Wolfenden offered the hearty co-operation of the actuarial profession in assisting with any proposed plans.

(Continued on next page)



Banquet of Ontario Hospital Association

At Head Table—Left to Right: Mr. F. D. Reville, Dr. W. Dobbie, Mrs. Holbrook, Alderman R. C. Day, Mrs. F. W. Routley, Dr. B. T. McGhie, Mrs. McGanity, Mrs. Day, Rev. Georges Verreault, Mrs. O. W. Rhynas, Rev. H. H. Bingham, Brig.-Gen. C. M. Nelles, Dr. D. M. Robertson, Mrs. Armstrong, Mr. R. Fraser Armstrong, Mrs. Bingham, Dr. A. J. McGanity, Mrs. McGhie, Dr. M. T. MacEachern, Miss H. Meiklejohn, Dr. J. H. Holbrook, Mrs. Dobbie, Miss M. McKee, Dr. F. W. Routley.

## Ontario Hospital Association Enjoys Enthusiastic Meeting

(Continued from preceding page)

In his presidential address after the annual banquet, Brig. Gen. C. M. Nelles, commented on the fact that during the past four years of the depression the Ontario Hospital Association has not lost an inch of ground. The members are co-operating 100% and this year the convention has been the most successful ever. The "Bulletin," which is a new venture, has been of great assistance in meeting the problems of the various hospitals, and General Nelles suggested that the members of the Association make greater use of it by sending in their little interesting happenings or problems.

Alderman Ralph C. Day, a member of the City Board of Health, substituted for Mayor Stewart, who had made previous arrangements for that evening.

Doctor A. J. McGanity, the president of the Ontario Medical Association, briefly reviewed the early history of the Association and read some of the official records of the birth of the Association and its steady growth.

Rev. Herbert H. Bingham of the Walmer Road Baptist Church, the speaker of the evening, gave an address on "My Travels this year in Germany." Doctor Bingham has visited that country three times in the past decade and gave a brilliant and eloquent talk on his impressions of conditions in Germany at the present time.

Owing to a recent accident, Doctor Harvey Agnew was prevented from attending the convention, but his paper on "The Canadian Hospital Council" was read by Doctor Routley.

Other valuable papers included "Tuberculosis Among Nurses in Training," by Doctor J. H. Holbrook of Hamilton; "Problems of Financing the Voluntary Hospitals," by Mr. T. J. Maher, Great War Memorial Hospital, Perth; "The Municipal Versus the Voluntary Hospital," by Mr. Humphrey Mitchell, M.P., of Hamilton, and "Why is a Hospital Trustee," by Mr. Norman Smith of the Civic Hospital, Ottawa.

One of the important resolutions brought in during the convention was to the effect that all past presidents recorded as such be made honorary advisors of the Board of Directors of the Association.

The 1934-35 officers elected are:—

Doctor D. M. Robertson, Ottawa, President.

Rev. Georges Verreault, Ottawa, President Elect.

Doctor W. J. Dobbie, Weston, 1st Vice-President.

Doctor J. H. Holbrook, Hamilton, 2nd Vice-President.

Doctor F. W. Routley, Toronto, Secretary-Treasurer.

\* \* \*

### Ontario Hospital Aids Meeting

The Ontario Hospital Aids Association met in conjunction with the Ontario Hospital Association and was addressed by Doctor MacEachern, who emphasized the value of the association as a link between the hospital and the community, and stressed the fact that the sympathy and understanding which they create are equally as important as the large sums of money raised by this very active women's association. Mrs. O. W. Rhynas, who has held the office of president of the Ontario Hospital Aids Association for the past eight years, was re-elected to that office.



*DR. HARVEY AGNEW,  
Department of Hospital Service, Canadian  
Medical Association, and Secretary-Treasurer,  
Canadian Hospital Council.*

### Dr. Harvey Agnew Seriously Injured by Fall at Office

We were shocked to learn that Dr. Harvey Agnew, while transplanting geraniums at his office on Saturday, October 20th, had the misfortune to lose his footing on a balcony and fall to the ground below, a distance of about 25 feet. Rushed unconscious to the General Hospital, it was found that he had suffered serious injury to the spine. At time of writing (Tuesday, October 23rd) we are advised that while permanent injury is not anticipated, recovery will be slow.

Always an indefatigable worker in the interests of everything pertaining to hospitals, he had just returned to the city after having attended hospital conventions in the Maritimes, Alberta, Saskatchewan, British Columbia and Philadelphia, and the meeting of the American College of Surgeons at Boston. Dr. Agnew had planned, as usual, to take a prominent part in the convention of the Ontario Hospital Association in Toronto a few days hence. It is characteristic of Dr. Agnew that while suffering intense pain, but one day after the accident, he insisted on dictating to his secretary his complete address for the Ontario convention.

The best wishes of his legion of friends in the hospitals, and medical and nursing professions, not only in Canada but in the United States and abroad, will be with the popular Dr. Harvey Agnew during his convalescence.

*Note*—It was planned to move Dr. Agnew from the hospital to his home on November 5th.

## Progress Versus Obsolescence

By B. EVAN PARRY, F.R.A.I.C.  
Parry & Smith, Architects, Toronto

SOMETIMES it would be a good thing if Hospital Administrators and the members of their staffs could place themselves in the position of the visitor, be it the philanthropist, one of the sick patient's family, or even one of the trustees of the hospital board.

Psychological factors are at work when visitors open the entrance door of the hospital, and generally they are imbued with the same spirit as "Arthur Clennam" immortalized by Charles Dickens, who upon his visit to the "Circumlocution Department," wanted to know!!!

Taking the average general hospital in the small town or circumscribed city within our "ken," more often than not there is a hesitancy on the part of the visitor when seeking information. It is conceivable that with an irritating round of long waits, and uncertainties which are inevitable if business methods are lacking, that the impression created is harmful to the interests of the hospital.

There are many hospitals in the Dominion where the planning and co-ordination of the administration department is both "outdated" and "outmoded." It is true that when funds are available for improvements they are generally (and wisely so, too) expended on urgent needs of the patient. Nevertheless, the astounding improvements in modern business buildings to be noted in our day, accentuates the inconveniences to be encountered by the visitor to the hospital, such as that we have now under consideration, and those activities common to the general hospital and as in part noted previously, cannot function economically and efficiently unless the administration department which is responsible for this functioning is so planned and equipped to enable the impetus to emanate from it smoothly.

It can be safely assumed that we have a long way to go before it can be said that the majority of administration departments of hospitals are really abreast of the times in planning, equipment and decoration. If this statement is doubted, the next time the reader enters the hospital, take a good look at the location and co-ordination of the administrative offices and the entrance hall, and ask if there is anything amiss — such as, "Do they need re-designing, re-locating, enlarging, renovating? Is the entrance hall the hub for distribution of traffic? Can easy approach be made to the various units, and vice versa? In other words, "Do they meet present day demands of a business organization?"

One could also speculate as to whether these offices give the visitor a true picture of the business of the hospital. Do they make the stranger truly conscious of the service and excellence of the methods of the institution?

These and many other questions pertaining to the business end of the hospital, including environment and background, in which the hospital executive administers affairs, should engage the attention of those responsible for the successful and efficient running of the hospital.

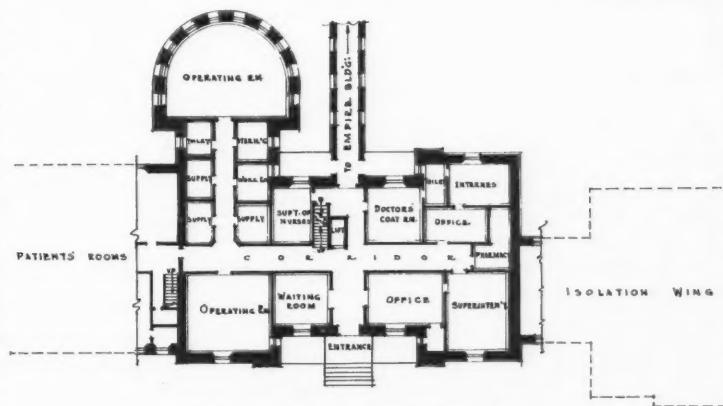
Let there be no mistake, offices and appurtenances can quite easily misrepresent the business of the institution. Dowdy, old-fashioned administrative offices, with congested entrance halls, lacking modern conveniences such as telephones for the public and toilet facilities, yet the heart of an organization engaged in treating and healing the sick, where latest medical science is practised, costly equipment in operation, and facilities provided for both curative and remedial measures, is not an indication of progressive management.

No one knows better than the efficient hospital superintendent the value of keeping up appearances, (not necessarily with the "Jones's") in providing comfortable, efficiently-built quarters for the benefit, not only of the office staff, but for visitors who come a-calling, as well as the reputation of the hospital.

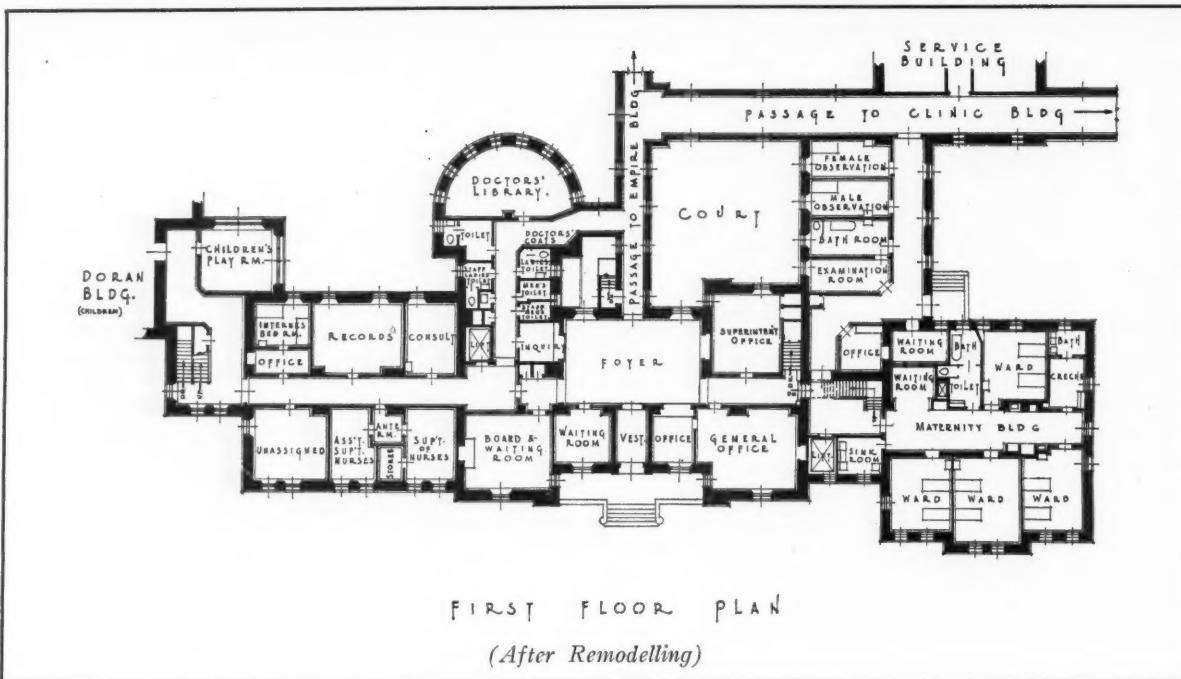
Pictorial demonstrations are the order of the day, therefore the "Before and After" plans of a prominent general hospital in Ontario, the re-modelling of which was completed in 1931, can be taken as an example in emphasis of the argument.

The *before* plan as shown may best be described as "Mid Victoria-Canadian" and, as is usual in such cases, is conglomerated, haphazard and motifless. It is claimed that there is a virtue in privacy, but be that as it may, there are certain functions performed in a general hospital which should not be projected before the public gaze.

The passage of patients to and from the operating department is a case in point, and by reference to the *before* plan it will be noted that patients destined for this department from the different floors were discharged from the elevator immediately opposite the front entrance vestibule!!! Somewhat disturbing



Main Building, First Floor Plan.  
(Before Remodelling.)



for both patient and the visitor, to say the least. Likewise this elevator was used in the process of food distribution to the patients' units on this entrance floor.

These conditions which obtained are to be found even to-day in many hospitals, and may be laid at the feet of "Topsy" who, it was alleged "grew." The lamentable result being that it was most difficult to fit in urgent and important accommodation to meet the requirements of present day needs.

A citation of the disadvantages which prevailed will be illuminating. For instance, there was no admitting unit, with the inevitable result that all patients entered through the front, main and only vestibule entrance, and in the case of a patient for observation, the general ward had to be used.

Means of communication and "traffic lanes" were most circuitous, the toilet facilities for the administrative staff were located in the operating department. Doctors who demanded seclusion when not actively engaged upon a case, as also internes requiring uninterrupted repose when off duty, were located in rooms contiguous to each other and in the vortex of busy traffic emanating from the entrance hall, a condition unsatisfactory to all parties concerned.

It does not require a very vivid imagination to visualize the state of affairs at this hospital on visiting days, when many enquiries had to be answered by the general office staff; people wandering into the waiting room, others into the elevator, some innocently finding themselves in the operating department or in the doctors' and internes' inner sancta. The clerical staff would be at their wits end, having only a safe to keep their records in, which would mean that more often than not many of their records would be either in boxes on the shelves, or tucked away under the tables. Truly a mid-Victorian picture, but nevertheless one that can be found in many of our hospitals to-day.

On the other hand, the progress which has been made in the scientific planning of hospitals, and the intensive research work of earnest members of both the medical and architectural professions does seem to be bearing fruit, in spite of reactionary individuals who lack the vision essential for the successful administration of the general hospital of our day.

By examining the plans illustrated, workers in the hospital field will be able to appreciate at a glance the striking improvements which were accomplished in the "revamping" of the plan, but at the same time preserving the outside shell, as it were.

As the hospital stands to-day, which is shown in the *after* plan, its functions can be carried on with consummate ease and precision. To-day, when entering the foyer, the first thing which attracts the visitor is the pleasant atmosphere and the clarity of directional signs, indicating the various functions performed in the administration department.

Reiterating the claim that the central foyer, or entrance hall, should be the distributing centre for all traffic, a most potent example is demonstrated in this case, where easy access is obtained to seven different buildings without converging upon or interfering one with the other. It may not be out of place to enumerate these buildings so approached since it will help to give a more complete picture of what has been accomplished. They include Nurses' Residence, Outpatient, Tuberculosis, Private Patients, Service, Laboratory, and Maternity Buildings. What a metamorphosis!

Axial or pivotal planning of this character means a tremendous help to those responsible for the administration of the hospital, as also an unknown quantity in dollars and cents by the saving of time and energy.

There is still another phase to be considered in dealing

*(Continued on page 26)*

*To Hold the Door Open at  
Any Angle..*

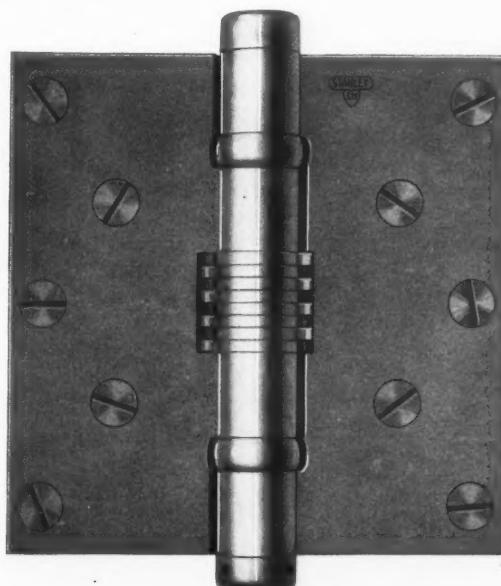
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## Three Western Provincial Associations Meet During October

### Alberta Hospital Association Meets With Nurses

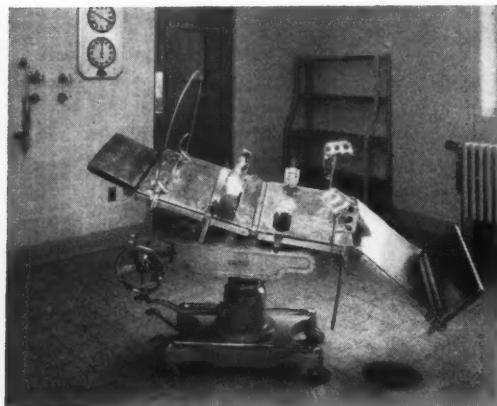
SUCCESS marked the convention of the Alberta Hospitals' Association held in Edmonton, October 9th and 10th, in conjoint session with the Alberta Association of Registered Nurses. One day was devoted to joint sessions. These sessions were under the chairmanship of Dr. A. F. Anderson and of Miss F. Munroe, the respective presidents.

An exceedingly good program was presented. Professor J. J. Ower, the provincial pathologist, gave some practical hints on the preparation and sending of pathological specimens of particular value to rural hospitals; the secretary, Mr. Cox, read for Dr. T. T. Washburn, superintendent of the University Hospital, a resume of the Committee on Research of the Canadian Hospital Council on the "Incidence of Tuberculosis in the Nursing Profession." This was linked with an address by Dr. A. H. Baker, of the Central Alberta Sanatorium, on "The Care of Tuberculosis in General Hospitals and Homes."

In his luncheon address, Doctor Harvey Agnew of the Department of Hospital Service of the Canadian Medical Association, reviewed many of the more vital hospital problems of to-day, and among other points emphasized the fact that the public must now realize that the hospitals

have about reached their limit in effecting economies; that if efficiency is to be maintained, delayed repairs and replacements be effected and living wages paid, expenses must go up, and if that is not to result in higher charges, hospitals must either receive full compensation for indigent service or a more equitable method of financing the cost of sickness must be devised. The Hon. Mr. George Hoadley, the Minister of Health, discussed the proposed health insurance legislation and expressed the anticipation that there would be greater hospitalization and that there would be greater employment of nurses in hospital and public health work.

One of the high spots of the convention was a graphic story by Miss Anne Conroy, R.N., of the work she is doing in the pioneer district of Pendrill. Many miles from doctor or railroad she is performing the almost impossible. To get a patient "out" four to six stretcher bearers are required when the roads are too bad for the impoverished teams. As the "carries" are often ten to twenty miles relief stretcher-bearers are requisitioned, these following along on horseback. An associated service at Alder Flats with a pupil nurse supported by the Alberta Association of Registered Nurses was described by Miss Kate Brighty. Three Round Tables during the meeting were conducted by Dr. Agnew and the film—"Good Hospital Care" shown at a local theatre.



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Jewish General Hospital

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The four Edmonton hospitals co-operated in giving practical demonstrations on how to improvise orthopedic equipment at minimum cost; operating room technique, set-up for a central supply for dressings and various diet set-ups.

It is a matter of regret that in this province the smaller municipal hospitals throughout the rural areas are not members of the Alberta Hospital Association. They are represented by trustee delegates at a special convention held in connection with the convention of the rural municipalities. As Dr. Anderson pointed out they are badly handicapped by this lack of contact with other hospitals and suffer a distinct loss by not keeping their superintendents in touch with the developments in administration or the experience of others. They are now expecting more of their lady superintendents than they have any right to expect. Efforts are being made to arrange for closer association in the near future.

Among the resolutions passed were ones respecting present weaknesses in hospital recompense for relief cases, appreciation to Dominion government for sales tax exemption, provision for financial support of Canadian Hospital Council, and a request that the provincial Department of Health consult with the College of Physicians and Surgeons of Alberta with respect to the setting up of regulations controlling the performance of major surgery in the hospitals of the province.

Officers elected are as follows:—

Hon. President, Hon. George Hoadley; President, S. H. Adams, Calgary; Vice-President, Mr. Familo, Edmonton; Secretary-Treasurer, James Rogers, Drumheller.

Executive:—Mr. Smeaton, M.L.A., Lethbridge; Mr. A. T. Stevenson, Red Deer; Mr. Justice Lunney, Calgary; Dr. A. H. Baker, Calgary; Mr. E. E. Dutton, Lethbridge.

\* \* \*

### *British Columbia Hospitals' Annual Convention*

One of the most successful hospital meetings ever held in British Columbia, was the 17th annual convention which took place October 3rd, 4th and 5th in Victoria.

One of the brief matters under discussion at the convention was the proposed state health insurance scheme. An interesting feature during the three day session was a dinner given by the Hon. Dr. George Weir, Provincial Secretary. Executives of the Hospital Association and members of the Cabinet were present and much progress was made in ascertaining the hospital view point re health insurance.

Many problems of interest to those engaged in hospital work were taken up. "Superannuation for Hospital Employees", "Workmen's Compensation Board" and "Minimum Wages and Hours of Work as Applied to Hospitals" were discussed during one of the sessions.

Doctor Harvey Agnew, Department of Hospital Service of the Canadian Medical Association, gave a comprehensive review of the work of the various hospital associations throughout the province.

Practically all phases of state health plans were discussed and the association seemed to favour a scheme which would embrace all hospital benefits.

Miss Olive Cotsworth, Vancouver General Hospital,



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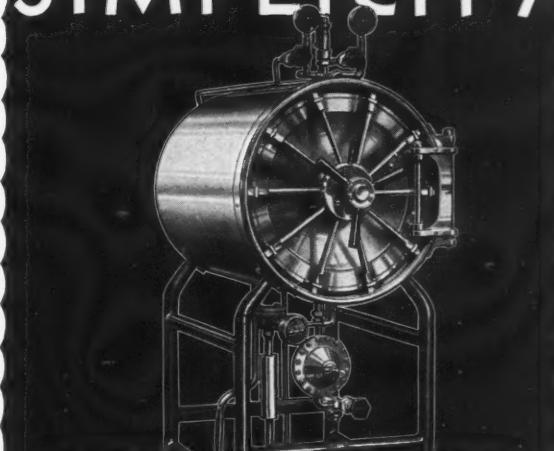
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spoke on "The Activities of an Out-Patient Department", and Miss Helen Randall, Registrar of Graduate Nurses Association of British Columbia, gave a review of the Nursing situation in British Columbia.

Several resolutions were passed, among which was one seeking amendment to the Hospitals Act, which will require payment of \$1.25 per diem instead of the present 70 cents to hospitals housing patients from areas not having their own institution.

The officers elected for the coming year were:—Hon. G. M. Weir, Victoria, Honorary President; Mr. E. W. Neel, Duncan, President; Mr. E. S. Withers, New Westminister, 1st Vice-President; Mr. S. J. Drake, Victoria, 2nd Vice-President; J. H. McVety, Vancouver, Secretary and Treasurer.

One of the first duties of the newly elected executive will be the appointment of a committee to work with Hon. G. M. Weir in considering state health insurance plans for British Columbia.

\* \* \*

### Saskatchewan Hospitals Interested in Health Insurance

Legislative and economic problems were featured in the 1934 convention of the Saskatchewan Hospital Association, held in Regina, October 11th and 12th. Resolutions were passed urging health insurance for all classes of wage earners; asking that residency be properly defined in city, town and village acts; asking that the government make provision for grants to municipalities where necessary to cover hospital nursing and medical care; that hospitals be exempt from restrictions by the Debt Adjustment Board preventing collection of accounts; that the government consider the possibility of getting lower rates of interest on hospital debentures; that instalment payment be arranged as well as other resolutions pertaining to hospital legislation.

In his annual survey of hospital conditions, Dr. F. C. Middleton, Deputy Minister of Health, pointed out that the per diem cost in 1933, \$2.42, was the lowest since 1915. There had been an increase of 20,822 patient days over 1932. In 1933 there were in the province 20 union, 10 municipal, 14 sisters', 12 community, four United Church, four private, one V. O. N., three tuberculosis hospitals and 12 Red Cross outposts. Fifteen training schools for nurses are conducted in the province. Mr. J. B. Hamilton, of Prince Albert, endorsed the plan whereby municipalities agree with hospitals to assume the entire cost of hospitalization. He urged that municipalities pay as they go and leave less for posterity. Dr. F. E. Burrows spoke on X-ray work in hospitals and Sister Mary Eileen of Providence Hospital, spoke on the keeping of records without interns. S. R. Curtin, K.C., discussed various legal aspects of hospital procedure.

The address on "Purchasing Problems", by Mr. L. Gowdy, of the Saskatoon City Hospital, was followed by a round table on purchasing and maintenance led by Mr. S. T. Martin, of Regina, and Mr. W. H. Madden, of Qu'Appelle. "Admitting Office Procedure" was described by Miss D. Wilson, of Regina, the work of ladies' auxiliaries by Mrs. V. Van Valkenburg, of Regina, and the hospital care of children by Miss I. McGillivray, of Sask-

atoon. The latter paper was illustrated by an excellent movie film taken right in the hospital.

In connection with the luncheons which were held at the two hospitals, demonstrations were given on obstetrical, operating room and paediatric technique.

At the annual banquet addresses were given by Doctor Harvey Agnew of the Hospital Section of the Canadian Medical Association who also conducted a general round table, and by Doctor R. G. Ferguson, superintendent of the Saskatchewan Sanatoria, who gave an illustrated talk on tuberculosis among the Indians.

### Prime Minister Lays Corner Stone of Women's College Hospital

Right Hon. R. B. Bennett, Prime Minister of Canada, on October 20th, laid the foundation stone of the new Women's College Hospital at Grenville and Sussex Streets, Toronto.

He was at the ceremony, as he himself said, "to pay a tribute of esteem and regard to the women of my country for this monument of their courage, their vision and their hope."

The history of the Women's College Hospital is an inspiring one. It really dates back to that period in 1906 when the Medical School of the University of Toronto opened its doors to women students on an equal standing with men.

It was started in a very small way with a public dispensary. By 1912 a little hospital of one bed was added to the dispensary and a single patient was admitted. From that unimpressive beginning has arisen the splendid building now under construction. The attendance of patients at the out-patients clinic has increased to 22,325 this year.

The hospital will be equipped with the most modern medical appliances and conveniences, and larger quarters are now being established which will enable the management to greatly expand its services to the community.

### E. L. Ruddy Heads Sanitarium Association

Succeeding the late A. E. Ames, E. L. Ruddy has been appointed President of the National Sanitarium Association, and J. J. Gibbons named Vice-President, to succeed Mr. Ruddy.

Both men have been active leaders in administrative work for the Muskoka Hospital for Consumptives, the Queen Mary Hospital for Consumptive Children, and the Toronto Hospital for Consumptives.

Chairman of the Building Committee of the National Sanitarium Association since 1921, Mr. Ruddy, with the late A. E. Ames, directed important developments of sanatoria in the province, including such advances as the construction of a modern surgical building at the Toronto Hospital for Consumptives last year.

It was in the year of Mr. Ruddy's appointment to the Building Committee that the new \$600,000 hospital was erected and equipped at Muskoka. In 1930 additions to the Toronto Hospital at Weston were also completed, at a cost of \$250,000.

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WILLIAM CLOWES (1540-1604) was one of the foremost English surgeons and authors of the Elizabethan period. His writings reflect a wide experience in both naval and military surgery and contain interesting observations on wound treatment. Two cases of ligation of protruding omentum are cited and ligation of arteries by the method of Guillemeau mentioned. For the closure of abdominal wounds he used waxed silk.

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*with needles integrally affixed*

## Intestinal Sutures

K ALMERID plain or chromic catgut, celluloid linen or silk with Atraumatic needles in the several types indicated integrally affixed. Suture lengths: 36 inches for products 1342, 1352, 1372 and 1542; all others 28 inches.

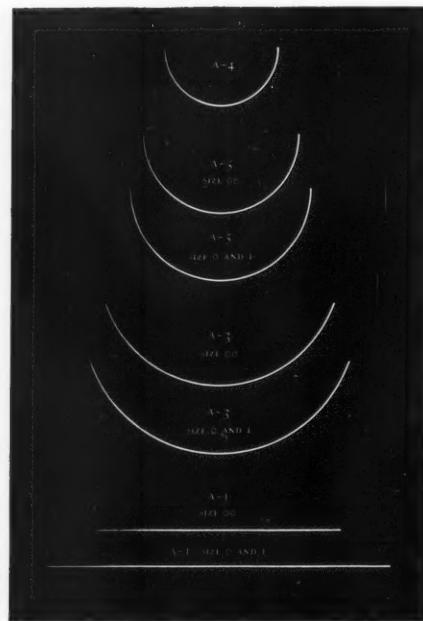
### BOILABLE VARIETY

#### Plain Catgut:

| NO.   | NEEDLE | DOZEN |
|---|--------|-------|
| 1301..STRAIGHT NEEDLE.....A-1.....                | \$3.60 |       |
| 1303.. $\frac{3}{8}$ -CIRCLE NEEDLE.....A-3.....  | 4.20   |       |
| 1304.. $\frac{1}{2}$ -CIRCLE NEEDLE*.....A-4..... | 4.20   |       |
| 1305.. $\frac{1}{2}$ -CIRCLE NEEDLE.....A-5.....  | 4.20   |       |

#### 20-Day Chromic:

|   |        |
|---|--------|
| 1341..STRAIGHT NEEDLE.....A-1.....                | \$3.60 |
| 1342..TWO STRAIGHT NEEDLES.....A-1.....           | 4.20   |
| 1343.. $\frac{3}{8}$ -CIRCLE NEEDLE.....A-3.....  | 4.20   |
| 1344.. $\frac{1}{2}$ -CIRCLE NEEDLE*.....A-4..... | 4.20   |
| 1345.. $\frac{1}{2}$ -CIRCLE NEEDLE.....A-5.....  | 4.20   |



## Intestinal Sutures

### Celluloid Linen:

| NO.  | NEEDLE   | DOZEN  |
|--|----------|--------|
| 1351..STRAIGHT NEEDLE* .....               | A-1..... | \$3.60 |
| 1352..TWO STRAIGHT NEEDLES* .....          | A-1..... | 4.20   |
| 1354.. $\frac{1}{2}$ -CIRCLE NEEDLE* ..... | A-4..... | 4.20   |

### Black Silk:

|  |          |        |
|--|----------|--------|
| 1371..STRAIGHT NEEDLE* .....               | A-1..... | \$3.60 |
| 1372..TWO STRAIGHT NEEDLES* .....          | A-1..... | 4.20   |
| 1374.. $\frac{1}{2}$ -CIRCLE NEEDLE* ..... | A-4..... | 4.20   |

### NON-BOILABLE VARIETY

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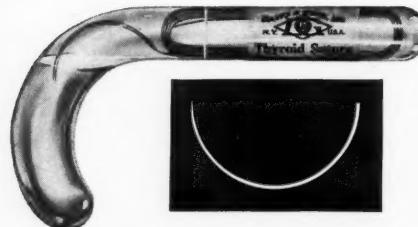
|  |          |        |
|--|----------|--------|
| 1501..STRAIGHT NEEDLE .....                | A-1..... | \$3.60 |
| 1503.. $\frac{3}{8}$ -CIRCLE NEEDLE .....  | A-3..... | 4.20   |
| 1504.. $\frac{1}{2}$ -CIRCLE NEEDLE* ..... | A-4..... | 4.20   |
| 1505.. $\frac{1}{2}$ -CIRCLE NEEDLE .....  | A-5..... | 4.20   |

#### 20-Day Chromic:

|  |          |        |
|--|----------|--------|
| 1541..STRAIGHT NEEDLE .....                | A-1..... | \$3.60 |
| 1542..TWO STRAIGHT NEEDLES .....           | A-1..... | 4.20   |
| 1543.. $\frac{3}{8}$ -CIRCLE NEEDLE .....  | A-3..... | 4.20   |
| 1544.. $\frac{1}{2}$ -CIRCLE NEEDLE* ..... | A-4..... | 4.20   |
| 1545.. $\frac{1}{2}$ -CIRCLE NEEDLE .....  | A-5..... | 4.20   |

Sizes: 00..0..1, except \* 00..0 only

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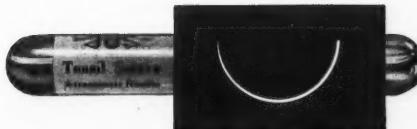


## Thyroid Sutures

K ALMERID plain catgut with half-circle taper point Atraumatic needle integrally affixed. Suture length 28 inches.

| NO.                             | SIZE |
|---------------------------------|------|
| 1625..BOILABLE VARIETY.....     | O    |
| 1635..NON BOILABLE VARIETY..... | O    |

Package of 12 tubes of a kind.....\$4.20

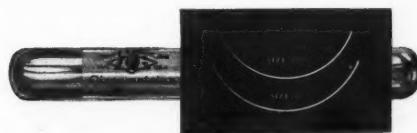


### Tonsil Sutures

**K**ALMERID plain catgut with sturdy half-circle, taper point Atraumatic needle integrally affixed. Suture length 28 inches.

| NO.                             | SIZE |
|---------------------------------|------|
| 1605..BOILABLE VARIETY.....     | ○    |
| 1615..NON-BOILABLE VARIETY..... | ○    |

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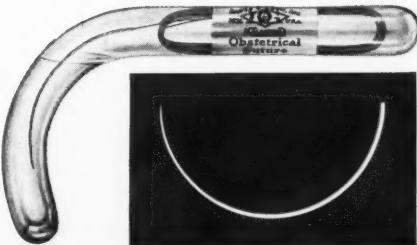


### Circumcision Sutures

**K**ALMERID plain catgut, three-eighths circle, cutting point Atraumatic needle integrally affixed. Suture length 28 inches.

| NO.                            | SIZE |
|--------------------------------|------|
| 605..BOILABLE VARIETY.....     | ○, ○ |
| 635..NON-BOILABLE VARIETY..... | ○, ○ |

Package of 4 tubes \$1.20; per doz. \$3.60  
Also obtainable with eyed-type needles at same price



### Obstetrical Sutures

**K**ALMERID 40-day catgut with half-circle, cutting point Atraumatic needle integrally affixed. Suture length 28 inches.

| NO.                            | SIZE |
|--------------------------------|------|
| 655..BOILABLE VARIETY.....     | 2, 3 |
| 685..NON-BOILABLE VARIETY..... | 2, 3 |

Package of 3 tubes \$1.20; per doz. \$4.20  
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| NO.                   | MATERIAL | SIZE          | NEEDLE |
|-----------------------|----------|---------------|--------|
| 1651..KAL-DERMIC..... | 6-0...%  | ½-CIRCLE, B-1 |        |
| 1655..KAL-DERMIC..... | 4-0...½  | CURVED, B-2   |        |
| 1658..BLACK SILK..... | 4-0...½  | CURVED, B-2   |        |

### Eye Sutures

|                          |         |              |  |
|--------------------------|---------|--------------|--|
| 1661..BLACK SILK.....    | 6-0...½ | CIRCLE, B-3  |  |
| 1665..BLACK SILK.....    | 4-0...% | CIRCLE, B-1  |  |
| 1666..PLAIN CATGUT.....  | 3-0...% | CIRCLE*, B-4 |  |
| 1667..PLAIN CATGUT.....  | 3-0...% | CIRCLE, B-4  |  |
| 1668..10-DAY CATGUT..... | 3-0...% | CIRCLE*, B-5 |  |
| 1669..10-DAY CATGUT..... | 3-0...% | CIRCLE, B-5  |  |

\* Double armed, suture length 12 inches

### Nerve and Artery Sutures

|                       |                 |              |  |
|-----------------------|-----------------|--------------|--|
| 1670..BLACK SILK..... | 6-0...STRAIGHT, | B-7          |  |
| 1675..BLACK SILK..... | 6-0...STRAIGHT, | B-8          |  |
| 1678..BLACK SILK..... | 6-0...½         | CIRCLE*, B-3 |  |

\* Taper point

### Ureteral and Renal Sutures

|                         |         |             |  |
|-------------------------|---------|-------------|--|
| 1690..20-DAY CATGUT..   | 4-0...½ | CIRCLE, B-3 |  |
| 1695..PLAIN CATGUT..... | 4-0...½ | CIRCLE, B-6 |  |
| 1698..20-DAY CATGUT..   | 4-0...½ | CIRCLE, B-6 |  |

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## Hospital Employees Injured by Explosion at Montreal General

Seven men were injured, three of them seriously, as the result of an explosion which occurred in an oil switch in the power house at the Central Division of the Montreal General Hospital on October 6th. All victims suffered from severe burns about their bodies and heads, and were treated at the hospital.

### The injured:

A. H. Pattendon, of St. Eustache, Que., building superintendent of the Montreal General Hospital, severe burns about the body.

Thomas Strapps, of 320 Moffatt Avenue, Verdun, chief engineer of the Montreal General Hospital, very bad burns about his body.

Cyril St. John, of 699 Osborne Avenue, hospital engineer, badly burned about the body.

Albert Smith, of 5658 Eleventh Avenue, Rosemount, hospital engineer, slightly burned about the body.

Thomas Split, hospital engineer, of 4285 Dorchester Street West, slight burns, and J. B. Robinson, 1190 St. Matthew Street, another engineer, was also slightly burned.

Armand Venne, of 349 Fifth Avenue, Verdun, of the service maintenance department of the Montreal Light, Heat and Power Cons., slight burns about the hands and face.

The explosion was caused by a "flash-over", an electrical flash jumping from one switch to the other and igniting the oil. The hospital engineers were standing near the switch after some minor trouble with the power plant, and were burned by the flaming oil.

The switch which exploded is about the size of a transformer and stands on the floor of the cement sub-station in the basement of the hospital.

*Editor's Note*—Cyril St. John, we are informed, died on October 15th as a result of burns.

## Fall Meeting of Ontario Neuro- Psychiatric Association

The Fall Meeting of the Ontario Neuro-Psychiatric Association was held at the Toronto Psychiatric Hospital on Friday, September 28th, with an attendance of over two hundred during the day and evening sessions. Dr. T. D. Cumberland presided. Dr. C. B. Farrar and the Hon. J. A. Faulkner, M.D., Minister of Health, gave the addresses of welcome.

The program was given by the Junior Physicians of the Ontario Hospital Service, papers being read by Dr. D. R. Gunn, Ontario Hospital, Toronto; Dr. G. H. Hutton, Ontario Hospital, Hamilton; Dr. H. C. Moorehouse, Ontario Hospital, Brockville; Dr. K. G. Gray, Ontario Hospital, Mimico.

Dr. C. M. Hincks, General Director of the National Committee for Mental Hygiene, was the guest speaker following the Association Dinner, and the evening speaker was the Hon. J. A. Faulkner, M.D., Minister of Health.

A motion was passed expressing the loss to the service in the deaths of Dr. N. H. Beemer, Dr. F. S. Vrooman and Dr. J. A. McLeod, and sympathy extended to the members of their families.

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# Hospital Aid News

BRANTFORD, ONT.—Outstanding business at the annual meeting of the Women's Hospital Aid at the Nurses' Residence, Brantford General Hospital, was the election of officers, which resulted as follows: Hon. Presidents, Mrs. F. D. Reville, Miss M. Colter; President, Mrs. S. H. J. Reid; First Vice-President, Mrs. Earl Martin; Second Vice-President, Mrs. R. G. Pickell; Third Vice-President, Mrs. R. J. Waterous; Fourth Vice-President, Mrs. B. Steer; Recording Secretary, Mrs. W. Brader; Corresponding Secretary, Mrs. C. J. Mitchell; Treasurer, Miss G. Ham; Social Convener, Miss N. Britton; Sewing Conveners, Miss M. Colter and Mrs. H. C. Ham; County Organizers, South Brant, Mrs. H. Jennings; North Brant, Mrs. E. R. Langs; Executive: Mrs. W. B. Preston, Mrs. S. R. Eacrett, Mrs. G. Sager, Mrs. H. Walter McCleister, Mrs. C. T. Rutland, Mrs. Frank Rathburn, Mrs. A. Clemons, Mrs. A. Ames, Mrs. R. L. Beckett, Miss Edith Ham.

Dr. E. R. Secord, who represented the Chairman of the Board of Governors of the Brantford General Hospital, extended his heartiest felicitations and good wishes for continued successful efforts of the W. H. A. Few, he said, were perhaps aware of the magnificent contribution which had been so zealously and earnestly made since the organization of this most active body, and included the following facts concerning its financial undertakings,

in its appraisement: 1903, providing modern ambulance, \$500.00; 1904, provision of laundry equipment, \$2,600.00; 1905, new elevator, \$850.00; 1913, erection of first wing, present Nurses' Residence, \$38,990.00; 1915, expenditure Nurses' Residence, \$3,254.00; 1918 to 1923, addition to Nurses' Residence, \$28,476.18; 1924, furnishing new wing to hospital, \$18,142.71; 1925, re-furnishing and re-equipping case room, maternity department, \$1,000.00; 1926, remodelling and re-furnishing Night Nurses' Home, \$18,000.00; 1927, Ambulance entrance and outdoor department, \$5,000.00. 1925-26, Nurses' Residence, \$4,503.65; 1933, new elevator in hospital, \$4,200.00; 1933, re-furnishing living room, Nurses' Residence, \$1,200.00.

Mrs. O. W. Rhynas officiated at the opening of the Hospital Aid Tea Room, which is their latest undertaking.

INGERSOLL, ONT.—The annual meeting of the Women's Auxiliary to the Alexandra Hospital Trust was held at the home of Mrs. J. E. Hargan, Oxford Street, with a good attendance. The next meeting will be held at the home of Mrs. J. W. Counter.

The afternoon was occupied with the presentation of the annual reports of president, secretary and treasurer, which reported a very satisfactory year.

Officers for the ensuing year were elected as follows: President, Mrs. C. Scoffin; Vice-President, Mrs. J. W. Counter; Secretary, Mrs. W. E. Manzer; Treasurer, Miss A. Moon; Advisory Board, Mrs. J. E. Gayfer, Mrs. R. Elford, Mrs. J. M. Rogers, Mrs. E. A. Wilson and Mrs. W. J. Elliott; Church Representatives: Trinity, Mrs. F.

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W. Staples; Baptist, Mrs. E. C. Elliott; St. Paul's, Mrs. J. A. Buchanan; St. James, Mrs. F. G. Rich; Sacred Heart, Mrs. H. G. Furlong; Press Reporter, Mrs. R. Elford; Social and Decorating Committee, Mrs. Rich; Refreshment Committee, Mrs. Hargan; Buying Committee, Mrs. H. Eidt and Mrs. McCorquodale.

\* \* \*

KITCHENER, ONT.—Mrs. J. W. Fraser was elected to the presidency of the Kitchener Ladies' Auxiliary of the K-W Hospital at the annual meeting of that organization held in the Kaufman Nurses' Home.

The executive is as follows: President, Mrs. Fraser; Vice-Presidents, Mrs. H. L. Campbell, Mrs. C. C. Hahn, Mrs. Carl Pollock, and Mrs. Ivan Gordon; Secretary, Mrs. J. D. Weir; Corresponding Secretary, Mrs. O. H. Hughes; Treasurer, Mrs. C. C. Belyea; Assistant Treasurer, Mrs. Wm. MacDonald; and Sewing Convener, Mrs. A. E. King.

From the annual reports presented it was shown that the past year has been a successful one for the organization.

A feature of the meeting was the drawing for the painting, the work of a Huntsville artist. Miss Ludoff, nurse-in-training, made the draw and Mrs. R. L. Shields was the winner.

At the tea hour the hostesses were Mrs. Carl Pollock and Mrs. William Allen.

\* \* \*

SEAFORTH, ONT.—The monthly meeting of the Women's Hospital Aid of Scott Memorial Hospital was held on October 4th in the Carnegie Library Hall, which was beautifully decorated for the occasion. There was a large attendance.

The guest speaker, Mrs. Margaret Rhynas, of Burlington, President of the Ontario Provincial Hospital Aid Association, gave a delightful address on the responsibilities of officers and members.

A number of new members were enrolled during the recent drive, making a total membership of 198. A balance of \$249.50 on hand was reported by the Treasurer.

Before beginning her address, Mrs. Rhynas gave a brief outline of the programme of the Convention to be held in Toronto. The local President, Mrs. K. M. McLean, presided.

\* \* \*

STRATFORD, ONT.—The Aid participated in the formal opening of the new Children's Wing on October the 30th. After the opening ceremonies at 2.30 p.m. the public were received and this splendid addition was inspected. Mrs. McLeod, the President, declared the wing opened, and Miss Hamilton, Superintendent, received the guests.

#### **Corrections in Executive of Maritime Conference of C. H. A.**

In the October issue of the Canadian Hospital, the name of Mother Audet, R.N., Superior of Hotel Dieu Hospital, Campbellton, N.B., was inadvertently omitted from the list of the executive board of the Maritime Conference of the Catholic Hospital Association. Also the name of Sister M. Camillus, R.N., City Hospital, Charlottetown, appeared instead of the name of Sister M. Stanislaus, R.N., of the same hospital. We regret these inaccuracies.

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No. 11

## American College of Hospital Administrators Holds Successful Meeting

THE first general convention of the recently formed American College of Hospital Administrators was held in Philadelphia in September. This young organization was formed some two years ago for the purpose of setting up qualifying standards whereby hospital administrators of ability may be given recognition. Already some one hundred and sixty-five administrators have been elected to Fellowship or membership and interest in this body is steadily increasing.

At the Philadelphia meeting which was presided over by Mr. Robert E. Neff, of Iowa City, successor to Mr. Charles Wordell, of St. Luke's Hospital, Chicago, the charter president, many topics of interest to hospital administrators were discussed. The president pointed out the need for efficient administration and the responsibility of present workers for the hospitals' development, and said: "We are the architects of the hospital of the future." Emphasis was laid upon the necessity of maintaining a high standard for the office of hospital administrator, one of the most exacting and difficult vocations of to-day and one which requires so many attributes on the part of its incumbents.

Doctor M. T. MacEachren urged that universities establish a four year course providing special professional training for the career of hospital superintendent and a resolution to this effect was adopted. It was suggested that this course should be followed by a formal "internship" providing special training and experience in the various administrative departments. The Institute of Hospital Administration, which has successfully completed its second course and which is conducted under the auspices of the University of Chicago and the American Hospital Association is a definite step in this direction.

Doctor Joseph C. Doane of Philadelphia, the speaker at the annual banquet of the College, expressed the hope that hospital boards hereafter would try to find out whether prospective superintendents possess the qualifications of training and experience which are a prerequisite for membership in the College instead of picking a man as superintendent of a hospital because he was a splendid manager of a stocking factory. The day is anticipated when trustees will demand that applicants be members.

Doctor Fred J. Carter, of St. Paul, was chosen President-Elect, and Mr. J. Dewey Lutes, of Chicago continues as Director-General. Doctor Basil MacLean, of New Orleans, a protege of Doctor A. K. Haywood, who is himself on the Board of Regents, was elected first vice-president and another of Doctor Haywood's increasing "family", Doctor Donald C. Smelzer, of Philadelphia, was elected a Governor. Among the Canadian Fellows in attendance were noted Miss Muriel E. McKee, of Brantford, Ontario; Miss A. G. MacMaster, of Moncton, N.B.; Doctor George F. Stephens, of Winnipeg, and Mr. A. J. Swanson, Mr. H. A. Rowland and Dr. Harvey Agnew, of Toronto.



## An Interesting and Educational Radio Broadcast

A RADIO campaign to educate the public has recently been inaugurated by the National Advisory Council on Radio in Education, and enters the field of Public Health with a series of broadcasts entitled: "Doctors, Dollars and Disease."

This consists of nineteen programs of fifteen minutes each, from 10.45 to 11.00 E.S.T., every Monday evening until the end of February. The series will cover the subject of medical economics, cost of medical care, the relation between the medical profession and the public and ways of reconciling the interests of the two groups.

The purpose of this series of radio talks is not to advocate any one solution of the problem but to furnish reliable information and stimulate discussion. The list of speakers includes many prominent men in public life and is purely educative.

It is interesting to note that one accomplishment in Canada since the inauguration of the Canadian Radio Commission has been the reduction in the number and extent of "patent" medicine sponsorships. A great many of the products advertised over the American stations are deemed utterly worthless from a medicinal point of view, and the Radio Commission in Canada has endeavoured to protect the Canadian public from flagrant misuse of advertising, by referring broadcasts extolling various proprietary preparations, to the Department of National Welfare, for a health opinion.



## "Record of Consent" Would Eliminate one Cause of Damage Suits

IN a recent damage action brought against a surgeon in one of the large Toronto hospitals, judgment has been given dismissing the case of the "city patient." The patient did not question the skill of the surgeon

but claimed that the operation had been performed without his consent and sued for \$15,000 damages.

While it is recognized that an indigent patient has the same right as an occupant of a private room, busy surgeons should be protected from the interruption of their practice coincident to the nuisance and expense of such groundless cases, for when a patient consents to an urgent operation which is performed in accordance with good practice, the surgeon should not be called upon to defend a damage action.

Suits of this type are becoming altogether too common and it should be a simple matter in a case of this kind to establish and record the consent of the patient where consent has been given, and malpractice is not charged.

### Toronto General Hospital Receives Gift of \$350,000

Several institutions benefit under the will of Mrs. Bingham, widow of the late Dr. George A. Bingham, Surgeon and member of the Staff of the Toronto General Hospital, who disposes of an estate valued at \$409,168.

The Toronto General Hospital is the largest beneficiary. After several legacies, it receives the residue, which exceeds \$350,000. This sum will be given to the board of trustees of the hospital, to be used to erect a home connected with the hospital, for convalescing patients. It is to be in memory of her late husband, whose portrait is to be hung in the building.

The Women's Missionary Society of the United Church

of Canada is bequeathed \$25,000 for a hospital at Matheson, Ont., to be known as the Dr. George A. Bingham Hospital. The treasurer of Old St. Andrew's Church receives \$500. The Hospital for Sick Children is left \$2,000 to endow a cot to be known as the Dr. George A. Bingham cot. The Hospital for Incurable Children receives \$1,000, and the Toronto Humane Society \$500.

Trustees of the estate are asked to continue the Dr. Bingham annual prizes for nurses of the graduating classes of the Toronto General Hospital. A trust fund is to be provided for this purpose, paying \$50 annually.

Another trust fund in the name of Dr. Bingham, amounting to \$5,000 is to be set up for the Alumni Federation of the University of Toronto, to help needy students. The amount which may be loaned is stipulated in the will.

### Hospital Employes' Union Formed by Minor Workers

A hospital employees' union, long awaited by scores of minor personnel of Toronto's hospitals, was formed on October 24th. Approximately 100 persons representing the various departments of the staffs of city hospitals were present. An executive made up of two representatives from each of the seven major hospitals was elected and will meet again to develop further the interests of the union both in the city and throughout the province. A code is to be prepared in which demands for the improvement of conditions for all hospital employes will be set forth.

## A GOOD ETHER-SQUIBB A GOOD TECHNIQUE-Suggested by Squibb A GOOD ANESTHESIA

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pupil contracts to a pinpoint. If the anesthetic is then "pushed" i.e., more ether is administered, the patient's condition rapidly approaches the border-line depth of possible danger and the pupil dilates, the eyeball remaining fixed.

Watch both eyes. One of them might have been injured, and have a fixed pupil or might even be a glass eye.

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### The American Hospital Association Convention at Philadelphia

The 36th Annual Convention of the American Hospital Association in Philadelphia, last month, brought together over 3,000 of the leading hospital trustees and administrators from all parts of the United States and Canada. During the 36 years of its existence the Association has grown from a mere handful of people with an idea to its present commanding importance in the hospital world.

The exhibits alone required over an acre in space, and it required four meeting halls to accommodate the sessions which were obliged to meet at the same time.

A wide variety of subjects came up for discussion covering group hospitalization, accounting, construction problems, hospital libraries, finance, out-patient departments, hospital records, social service and tuberculosis.

The National Hospital Day award went to the Deaconess Hospital, Evansville, Indiana, of which blind Albert Hahn is manager.

The newly elected officers are:—

*President Elect*

Dr R. C. Buerki, Superintendent, Wisconsin General Hospital, Madison, Wis.

*President*

Robert Jolly

*1st Vice-President*

C. J. Cummings, Esq., Tacoma General Hospital, Tacoma, Wash.

*2nd. Vice-President*

W. S. Rankin, M.D., Duke Endowment, Charlotte, N.C.

*3rd Vice-President*

Marie Louis, R.N., Muhlenberg Hospital, Plainfield, N.J.

*Treasurer*

Asa S. Bacon, Esq., Presbyterian Hospital, Chicago, Ill.

*Trustees for Three Years*

Nathaniel W. Faxon, M.D., Strong Memorial Hospital, Rochester, N.Y.

Walter E. List, M.D., Jewish Hospital, Cincinnati, Ohio.

#### Progress Versus Obsolescence

(Continued from page 12)

with the modernization of the administration department, and that is the furnishings and decoration. Common every day efficiency has forced some advances in what might be called office interior furnishing and decorating. Most businesses have gone a long way from the roll top desk, ponderous as it was with its dutsy, unclassified collection of bills, letters and general heterogeneous "excess baggage." A good many, too, have progressed beyond the huge, flat topped oak or mahogany desk.

Instead, a fairly simple table gives all the desk service needed. It was found that letters were more easily referred to when kept in filing cabinets, and that books of records and accounts should be placed in vaults when not actively in use.

The trend to-day in business offices is decidedly away from both excessive bareness and over pretentious decoration. The atmosphere of the chief executive's office is designed not to conceal, but to emphasize the purpose of the room. This does not signify that such rooms should be arid and impersonal.

At this point one must give attention to the necessity of avoiding a sense of unrest occasioned by the clatter of the typewriters and other apparatus. As a matter of fact the newer types of typewriters are comparatively noiseless, and they would seem almost to have been designed for hospital use. Nothing is more conducive to frayed tempers and irritability than the atmosphere of an office which has not sound absorbing qualities.

Comfort for the business man is essential, and a certain amount of dignity is fitting to most commercial enterprises. The hospital business is no exception, but a general suggestion of efficiency and energy is far more to the point. In working toward this end, not only the furniture must be selected carefully, but the offices must be designed in keeping.

In the final analysis it can reasonably be claimed that with thought based upon knowledge of function, almost any "outdated" or "outmoded" administration department of a hospital can be vastly improved at a comparatively moderate cost and the most exacting requirements demanded both by the public and the medical profession, fitted in and co-ordinated in such a manner as to comply with the requirements demanded of the modern hospital to-day.

#### New Quarters for Hobart Products in Toronto

After occupying the premises at 173 King Street East, for the past ten years, the Hobart Manufacturing Company, Limited, is moving to a larger building at 119 Church Street.

This firm has been in business in Canada for the past twenty years, manufacturing the well-known line of Hobart Electric Food Preparing Machinery. A greatly increased volume of business now makes the move imperative.

The new location, just a few doors south of Queen Street, will be found very convenient. The larger show-room will make possible a complete display of the Hobart line of meat choppers, coffee grinders, mixers, potato peelers, dishwashers, slicing machines, and food cutters.

#### Book Reviews

PRACTICAL EVERYDAY CHEMISTRY—By H. Benett, F.A.I.C., Editor-in-Chief of the Chemical Formulary. Cloth, 305 pages. Published by the Chemical Publishing Co., New York. Price \$2.00

This excellent volume, while not compiled for workers in any one calling, will be found extremely useful to the hospital superintendent and others on the hospital staff. It gives practical modern working formulae for making hundreds of products, many of which are in constant use in the hospital.

Several pages, for instance, are devoted to removal of stains; it gives first aid advice for chemical injuries; weights and measures, how to preserve cut flowers, and as just a few examples, how to make beverages, desserts, flavors, waterproof cement, whitewash, paint remover, ant poison, weed killer, and literally thousands of other preparations.

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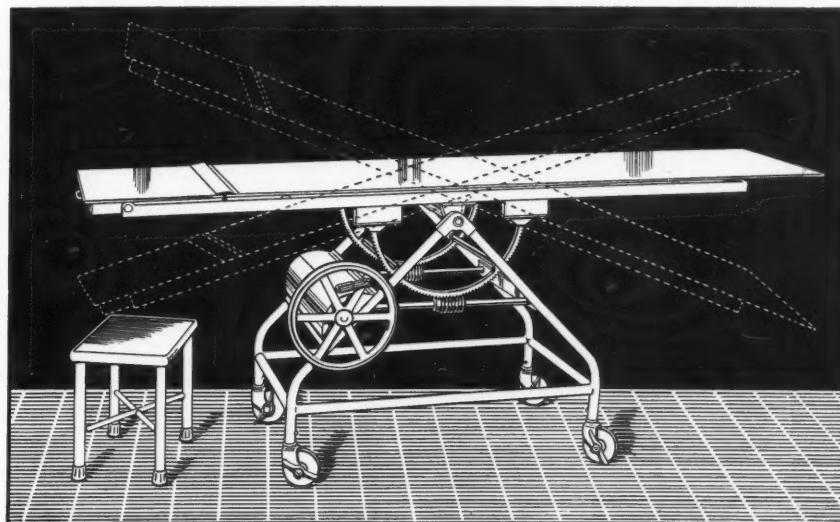
Finally, MARMITE is so appetising—so delicious in broth, with fish or in sandwiches—that it forms a most valuable factor in the invalid's diet, enabling patients to enjoy the very food which will do them most good.

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## News of Hospitals and Staffs

*A Condensed Monthly Summary of Hospital Activities,  
and Personal News of Hospital Workers*

BRACEBRIDGE, ONT.—Dr. McGibbon has received from Mr. Carl Borntraeger, of Beaumaris and Pittsburg, a cheque for nearly \$1,600 to be invested in a new X-ray apparatus for the Bracebridge Memorial Hospital.

Mr. Borntraeger has been a summer resident in Muskoka for over 30 years and his generous nature is known to all in the district. Two years ago he gave \$1,000 to complete private rooms on the lower floor of the new wing at the hospital, which satisfied a long felt want as previously there had been no private rooms with a bath.

\* \* \*

BROCKVILLE, ONT.—Injuries about the head and face sustained at an early hour on September 28th, when a coupe which he was driving left the highway two miles north of Addison and crashed into a culvert, claimed the life of Thomas Plunkett, aged 28 years, well known and popular member of the Ontario hospital staff.

The late Thomas Plunkett was a son of Mr. and Mrs. Mayne Plunkett, Prescott road, and was born in this district. He spent his entire life in Brockville and vicinity and for the past nine years had been employed as an attendant on the staff of the Ontario Hospital.

\* \* \*

COBOURG, ONT.—At a meeting of the Board of Directors of Cobourg General Hospital it was decided to begin the erection of a maternity wing this fall, and it is hoped to have the building completed before the end of this year. After conferring together, the Chairman of the board, J. D. Hayden, and the directors adopted a plan for the erection of a maternity department which will be thoroughly up to date.

The remodelling of the lower veranda at the hospital is also to be carried out this fall to permit of its being used during the winter months, this being necessary because of overcrowded conditions. The heating plant will be extended to take care of this.

\* \* \*

DUNCAN, B.C.—The Duncan Hospital has installed X-Ray equipment capable of taking care of all types of examinations. With this installation the hospital has a thoroughly modern department.

\* \* \*

FORT WILLIAM, ONT.—In the presence of throngs of citizens, Hon. Dr. J. A. Faulkner, Ontario minister of health, on October 6th, truly laid the foundation stone of the Fort William sanatorium at the new health center near the western outskirts of the city.

The \$225,000 institution rapidly is taking shape and in a matter of months will open its doors to those who are afflicted with the white scourge in this area.

\* \* \*

GRIMSBY, ONT.—Increased facilities for the care of the sick in Niagara district are provided in the new pri-

vate hospital opened on Main Street West, Grimsby, by Mrs. E. F. Moyer, of Fort Erie, where she conducted a private hospital for some time. The municipality it will be recalled built a general hospital at that place a few years ago.

Mrs. Moyer is well known to the people of the district where she has followed her profession. She trained at Winnipeg and is a graduate of the Children's hospital and post graduate of the King George Isolation Hospital of that city.

\* \* \*

LANCASTER, N.B.—The appointment of Norman P. MacLeod as business manager and accountant under the superintendent of the Provincial Hospital at Lancaster was announced at Fredericton at the conclusion of a provincial government meeting.

The appointment of Mr. MacLeod is one of several changes made in the staff of the hospital within recent weeks. Dr. E. C. Menzies was engaged as superintendent, succeeding Dr. J. V. Anglin, who retired along with Dr. J. Boyle Travers, assistant superintendent. On October 3rd Hon Dr. H. I. Taylor, minister of health and labor for New Brunswick, announced the appointments of Dr. Robert A. Gregory, Saint John, as medical assistant at the hospital and Miss Lois A. Smith, Centreville, Carleton County, as superintendent of nurses. Another medical assistant will be appointed in the near future, Dr. Taylor said.

\* \* \*

LISTOWEL, ONT.—At a special meeting of the Listowel Hospital Board held on October 4th, the resignation of Miss D. Mole, R.N., superintendent of the hospital, was accepted with regret, the resignation to take effect November 1st.

Miss Mole has been superintendent since December 15, 1932, and has given very efficient service.

\* \* \*

LONDON, ONT.—The works program at Westminster Hospital will total \$40,000 to \$50,000 this year it is stated.

In addition to contracts for new boilers and heating equipment, it is understood that Frank Boyes, M.P., Middlesex East, has been successful in his effort to secure extensive reroofing and painting at the institution.

\* \* \*

MONTREAL, QUE.—The Board of management of the Montreal General Hospital has received notification that the late Sir David Watson bequeathed a cash legacy of \$10,000 to the hospital to endow a bed, to be known as the "Marjorie Watson Craig" bed.

\* \* \*

MONTREAL, QUE.—The new Private Patients' Pavilion of the Western Division of the Montreal General Hospital

was formally opened on October 9th, with an impressive ceremony. His Excellency, the Governor-General, officiated, with leading members of the medical and other professions being present. This magnificent addition to Montreal's hospital facilities will be described in detail in an early issue of the Canadian Hospital.

\* \* \*

**REGINA, SASK.**—Dr. H. H. Mitchell, General Hospital superintendent resigned from that post on October 3rd.

Dr. Mitchell succeeded Dr. S. R. D. Hewitt in February, 1932, when Dr. Hewitt received appointment to the Saint John, N.B., General hospital.

Development of the psychopathic ward and cancer clinic came during Dr. Mitchell's two and a half years' term of office. New isolation, observation and tuberculosis wards were opened in the old nurses' home.

\* \* \*

**REGINA, SASK.**—"The Regina General Hospital Endowment Trust" will be the name of the trust left to that institution by the Carrs estate of Lumsden.

The financial value of the estate to the hospital in cash and securities amounts to a little over \$20,000, and was left to the hospital by William Carrs some years ago. Certain small beneficiaries are paid out of the estate each year.

A board of trustees was appointed some time ago and members of the board of governors recently approved of a form of trusteeship and adopted a name for the trust.

\* \* \*

**ST. JOHN, N.B.**—Commencement exercises for the nine graduates of St. Joseph's Hospital, Saint John, N.B., opened September 10 at 8 a.m., with High Mass celebrated by Rev. E. J. Dolan, S.T.D. The graduates were afterwards entertained at breakfast.

In the evening the graduation exercises were held in St. Vincent's Auditorium which was largely attended. A splendid program was delivered which consisted of speaking and musical numbers.

On September 13, the graduates were entertained at a banquet given by the Alumnae of St. Joseph's Hospital at the Admiral Beatty Hotel.

\* \* \*

**TORONTO, ONT.**—Dr. Millie V. Bates, house surgeon at St. John's Hospital for the past two years, left Toronto on October 1st, to continue her post-graduate work at Chicago Maternity Centre.

\* \* \*

**TORONTO, ONT.**—The Pigott Construction Company has been retained by St. Joseph's Hospital at Sunnyside to erect a nurses' residence, about 190 feet frontage, with 60 feet depth, at a probable cost of \$250,000. Plans are about completed.

\* \* \*

**TORONTO, ONT.**—Premier Hepburn announced on October 15th that his government would help the people of Manitoulin Island buy the hospital which a private physician has been operating on the island for years.

The Hepburn cabinet has under favorable consideration a grant of \$15,000 to enable the Manitoulin Island Hospital to stay open, Hon. Dr. J. A. Faulkner announced.

\* \* \*

**TORONTO, ONT.**—The City Council on October 15th certified funds totalling \$141,000 as their one-third share

(Continued on next page)

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## News of Hospitals and Staffs

(Continued from preceding page)

of the labor cost of construction work being done on the Toronto Western, Grace, Mt. Sinai and St. John's hospitals, as unemployment relief work measures.

Following are the amounts voted for each: Toronto Western and Grace Hospitals, \$100,000; St. John's, \$36,000, and Mount Sinai, \$5,000.

\* \* \*

TORONTO, ONT.—Blame for deaths under anaesthetic should be laid to the men administering it, rather than to the anaesthetic itself. Dr. Sam Johnston, chief of the anaesthetic staff of the Toronto General Hospital, stated at a Rotary Club luncheon a short time ago. His advice was to seek an expert in cases where the use of anaesthetic was necessary. "Mortality has been too high," he declared.

"I say experts, not specialists," said Dr. Johnston, "because we all know that in every kind of work specialists are not always experts." His department at the Toronto General Hospital was second to none, the speaker declared. Nine anaesthetists and nine assistants are employed.

\* \* \*

TORONTO, ONT.—Herbert Dickson Hall, late Toronto manufacturer, who died on August 30th, left an estate of \$363,869.54, of which \$180,000 is in a trust fund, \$126,066 in bank and other stocks; \$33,425 in real estate; \$10,664 in life insurance; \$5,264 in cash, and \$3,507.30 in household goods.

Executor and trustee is the National Trust Co. An income of \$15,000 a year, the family residence and its contents, motor cars, etc., are left to the widow, and the residue is divided among the children when Mrs. Hall dies.

On the death of Mrs. Hall and her children, the estate is to be equally divided between the Toronto General Hospital and the Hospital for Sick Children.

\* \* \*

TORONTO, ONT.—The York Board of Trade has been requested by a committee of the York Township Medical Association and county doctors to sponsor a campaign for the erection of a \$500,000 hospital. This would serve a large section of York County and Toronto. The board will consider it at the next meeting.

According to the plans the building would be similar to the Toronto East General Hospital. It is planned that the Government will be approached to grant permission to build the structure under the unemployment relief work program. This, it is claimed, would provide work for several thousand artisans and would mean that it could be completed at one-half to two-thirds the cost of the eastern building.

The York Township hospitalization bill for indigent patients last year amounted to about \$120,000.

\* \* \*

VANCOUVER, B.C.—G. Neville, 72, has retired from his post of orderly at the Vancouver General Hospital, a post he's held so long he was looked upon as a sort of institution.

Neville himself can't remember when he first went on

the job, but it was long before the Hospital was moved to its present site and that's more than 30 years ago.

The Board of Directors recognized his long years of faithful service by voting him a small monthly allowance.

\* \* \*

VERDUN, QUE.—The appointment of a medical board to the Verdun Protestant Hospital was announced at a meeting of the board of management. The members of the board, according to Hon. W. G. Mitchell, K.C., president, are as follows: Dr. C. A. Porteous, medical superintendent of the hospital; Dr. C. F. Martin, Dean of the Faculty of Medicine of McGill University; Dr. Wilder Penfield, director of the Neurological Institute, and Dr. F. H. MacKay, neurologist of the Montreal General Hospital.

\* \* \*

VERDUN, QUE.—The children's department of Verdun General Hospital is to be enlarged by 40 beds, it is announced by the Sisters of Providence in charge of the hospital. The department will be under the direction of Dr. Paul Letondal, formerly of Ste. Justine's Hospital and associate professor at the University of Montreal.

The new children's department of the hospital will be open to Montreal as well as Verdun children. An outdoor division will be open every Monday and Thursday from 9 to 11 a.m.

\* \* \*

WINDSOR, ONT.—Contracts to the amount of \$15,229 were let by the Essex Health Association to the R. J. Wilson Construction Company and the Border Cities Wire and Iron Company for the building of a laundry, an incinerator and a three-bed ward at the Essex County Sanatorium on Prince road.

\* \* \*

WINDSOR, ONT.—Adjutant Doris M. Barr, graduate and for the past eight months assistant superintendent of Grace Hospital, left on October 9th for Vancouver, to join her father, Commissioner George Barr, head of the Salvation Army in Korea, and will go with him back to his post.

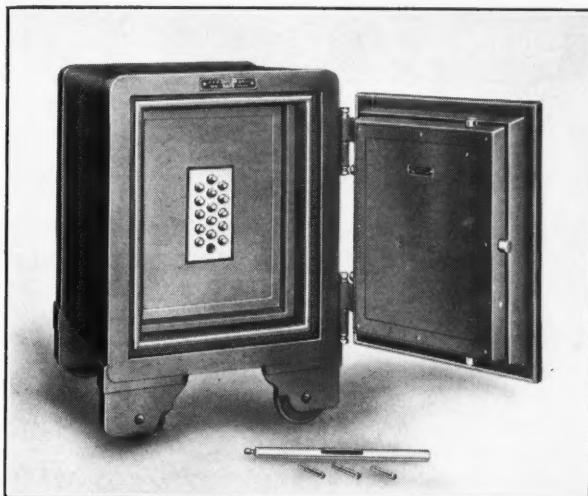
Adjutant Barr gained permission from the Salvation Army High Council to accompany her father back to Korea, upon the death of her mother, Mrs. Commissioner Veda Barr, who died in Peking, China, on October 2nd.

Commissioner Barr attended the meeting of the Salvation Army High Council, held in London, England, and came from there to Canada to visit Adjutant Barr and a son, Adjutant Kenneth Barr, of St. Thomas. He was in Vancouver on his way back to Korea when he was informed of the death of his wife.

### New Safe Designed for Storage of Radium

A few weeks ago a small capsule containing nine milligrams of radium, valued at \$1,000, was stolen from the Belgian village exhibit at the World's Fair. Apart from concern over the monetary loss, the owners thought it necessary to issue a warning describing the danger to which the thief and others would be exposed through ignorant handling of the capsule or its contents.

The special precautions necessary for the storage of radium are not generally known, even in medical circles.

*The New Taylor Radium Safe.*

Producers, hospitals, clinics, and all who hold radium for distribution or use, recognize the danger of its powerful properties when uncontrolled, or stored in improperly protected receptacles.

The illustration shows one type of safe manufactured by J. & J. Taylor, Limited, for radium storage. The fire-resistant body contains a solid block of lead. The several holes in its centre are lined with brass, and furnished with lead-filled brass tubes in which small pockets are left for the radium. In this fashion the radium is always surrounded by a 6" wall of lead, found to be one of the most effective of resistants to its penetrating rays. The tubes need only be drawn out far enough to reach the pocket. When locked up in a safe of this type it is claimed the radium is safe and the public free from danger of contact or exposure.

### Obituary

#### Dr. Nelson H. Beemer

An outstanding Canadian authority on mental diseases, and for nearly half a century superintendent of Ontario Hospitals at London and Mimico, Dr. Nelson H. Beemer, died on September 24th at his home, 374 Brunswick Avenue, Toronto, in his 82nd year.

As examiner in mental diseases for the University of Toronto, an extra-mural professor of the University of Toronto, president of the Ontario-Neuro-Psychiatric Association, and honorary consultant of the Pension Board of Canada during the war, Dr. Beemer was widely known and his knowledge in this field of medical research held in high regard by the medical profession.

He was born in Waterford, County Norfolk, of Canadian parents of English and Scottish ancestry, was educated at the public school at Waterford and the high school at Brantford, and at the University of Toronto from which he graduated in 1874.

Dr. Beemer served the Ontario Hospitals since 1878, until his retirement six years ago.

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Hospital Equipment Division  
73 Adelaide St. West, Toronto  
**McKesson Anaesthetic Appliances—**  
Surgical Pumps—Oxygen Therapy Apparatus

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## Bakery Equipment

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80-page illustrated catalogue mailed on request.

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Manufacturers of Venetian Blinds, Window Shades, Pillows, etc.

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"DE-GERM"—a highly effective Deodorant for all hospital uses. Used in many leading hospitals.

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## With the Manufacturers

### Junket Milk Drink

When milk is used as a beverage, many patients have found that it is greatly improved by making it into Junket Milk Drinks. Not only is it creamy and delicious with six flavors to provide variety, but it is easier to digest. The Junket performs the first step in digestion as soon as it is swallowed. The makers say it is healthful and nourishing. May be taken with meals, between meals, or as a hot drink at bedtime to induce quick, deep sleep.

\* \* \*

### Waste Receivers

Master Metal Products, Limited, recently opened a new factory in Fort Erie, Ont., where they will manufacture a full range of Hospital Waste Receivers, and other products. This company, the parent plant of which is in Buffalo, N.Y., claims to be the largest manufacturer of this type of equipment in the world.

\* \* \*

### Cooking Equipment Catalog

Moffats Limited, Weston, Ont., have issued a new catalogue on heavy duty and domestic science equipment. Several new pieces of equipment have been added to the Moffat line, including refrigerators, toasters and grills. Their hospital ranges and ovens are described in detail in this catalogue.

\* \* \*

### Filing Case Histories

The unit system of filing records of hospital patients, using the Acco paper fastener, is explained in a new folder issued by Acco Canadian Co., Limited, Toronto. This system, it is claimed, provides a convenient, quick and safe method of filing case histories, all records of any one patient all being bound together in one folder. A sample folder will be mailed on request.

## Diplomas for Nurses

**ALEXANDER & CABLE LITHO. CO. LIMITED**  
129 Spadina Ave., Toronto  
Diplomas in Leather Cases, Clinical Record Forms, etc.  
Engraved Greeting Cards.

• • • •

## Fire Prevention Devices

**PYRENE MFG. CO. OF CANADA, LIMITED**

91 Don Roadway, Toronto  
Fire Extinguishers of every type—all approved by Canadian Fire Underwriters Laboratories

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## Floor Wax

**S. C. JOHNSON & SON, LIMITED**

Brantford, Canada  
Genuine Johnson's Paste Wax for Easy Floor Maintenance—Polishes, Preserves, Protects

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**EASTMAN MACHINE CO.**

Buffalo, New York

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• • • •

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Steam Traps, Valves, Vacuum Pumps, Pressure Reducing Valves, Unit Heaters, and DIFFERENTIAL HEATING SYSTEMS

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Electric Food Trucks, Labor Tables, Nursery Tables, Steam Tables and Special Equipment

• • • •

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Electric Kitchen Equipment, including Dishwashers, Slicers, Mixers, Vegetable Peelers

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**WROUGHT IRON RANGE CO., LTD.**  
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Manufacturers of Hospital and Kitchen Equipment



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We specialize in Laundry Equipment and Supplies for Hospitals.

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32 Grenville St., Toronto  
X-Ray, Physio-Therapy and Sterilizing Apparatus.

Sales — Supplies — Service

### Milk Foods

**THE JUNKET FOLKS CO.**  
201 Church St., Toronto

JUNKET Powders make milk more appealing to patients.

Write for sample.

### Nurses Training Equipment

**CLAY-ADAMS COMPANY, INC.**

25 East 26th St., New York, N.Y.

Anatomical Models, Skeletons, Charts, "OB" Phantoms, Manikins, Dolls, etc.

### Olive Oil

**P. PASTENE & CO. LIMITED**  
5510 St. Dominique Street,  
Montreal, Que.

Pure Olive Oil for Medicinal Purposes.

### **With the Manufacturers**

#### **New Hot Water Bottle**

Viceroy Mfg. Co., Limited, are introducing a new hot water bottle for hospitals which combines the features of the cloth inserted bottle with the rubber molded type. The manufacturers state that their new product combines all the long wearing qualities of the cloth inserted bottle, with the attractive appearance and sanitary features of the rubber covered bottle.

\* \* \*

#### **Baby Identification**

A new method of identifying babies has been developed which has several desirable features. A specially treated paper is employed with a patented permanent sensitizer by which the prints are registered. This method is inkless, and avoids soiling of fingers and messy preparation.

\* \* \*

#### **New Measuring Cap**

A bottle cap, recently patented, does away with the inconvenient and uncertain method of measuring doses of medicine with a spoon, measuring glass or dropper.

This device, known as the "AH-Q-RA" Measuring Cap, is attached to the top of the bottle. The capacity of the cap depends on the amount of the dose prescribed for the medicine it is to dispense. Within the cap is a hollow cone which tapers upward and which has a small opening at its apex. To obtain a dose, the bottle is shaken for a few seconds. By shaking, the contents are forced upward into the cone, a part escaping through the hole at the apex, to become trapped between the outer wall of the cone and the inner wall of the cap. When the liquid in the cap reaches the level of the hole in the top of the cone (this can be seen through the transparent wall of the cap), the dose is complete.

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**J. & J. TAYLOR LIMITED**

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Safes for Radium, X-Ray Negatives, Books, Cash, and any special requirements

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Insecticides, Disinfectants, Deodorants, Waxes, Liquid Soaps

\* \* \*

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Individual Sugar Sifters, Tea Pots, Cream Jugs, Sugar Bowls, Toast Covers, etc. Write for Catalog.

\* \* \*

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**COULTER COPPER & BRASS CO., LIMITED**

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Kettles, Tanks and Special Equipment in Copper, Stainless Steel, Nickel and Aluminum

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Manufacturers of Surgical Instruments and Hospital Equipment.

\* \* \*

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**THERMOS**

Jugs — Jars — Bottles  
Ask us to demonstrate the new jugs.

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### X-Ray Course

**DR. A. S. UNGER**  
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Three Months' Instruction in Technique — Interpretation. Classes for Physicians and Nurses from first of each month. Write for information.

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Three months—Instruction in Technique—Interpretation Classes form first of each month. Information write

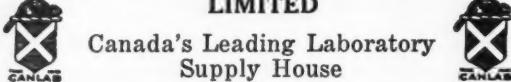
DR. A. S. UNGER, Director of Radiology  
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**WANTED**—Assistant Superintendent for medium sized hospital in small Ontario city, with training school. State educational qualifications and professional experience. Teaching and operating room experience necessary. Salary \$90.00 per month. Box 1001, The Canadian Hospital, Toronto.

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Attractive weekly and monthly rates  
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Within walking distance of Bellevue, Post Graduate and other large and famous hospitals.

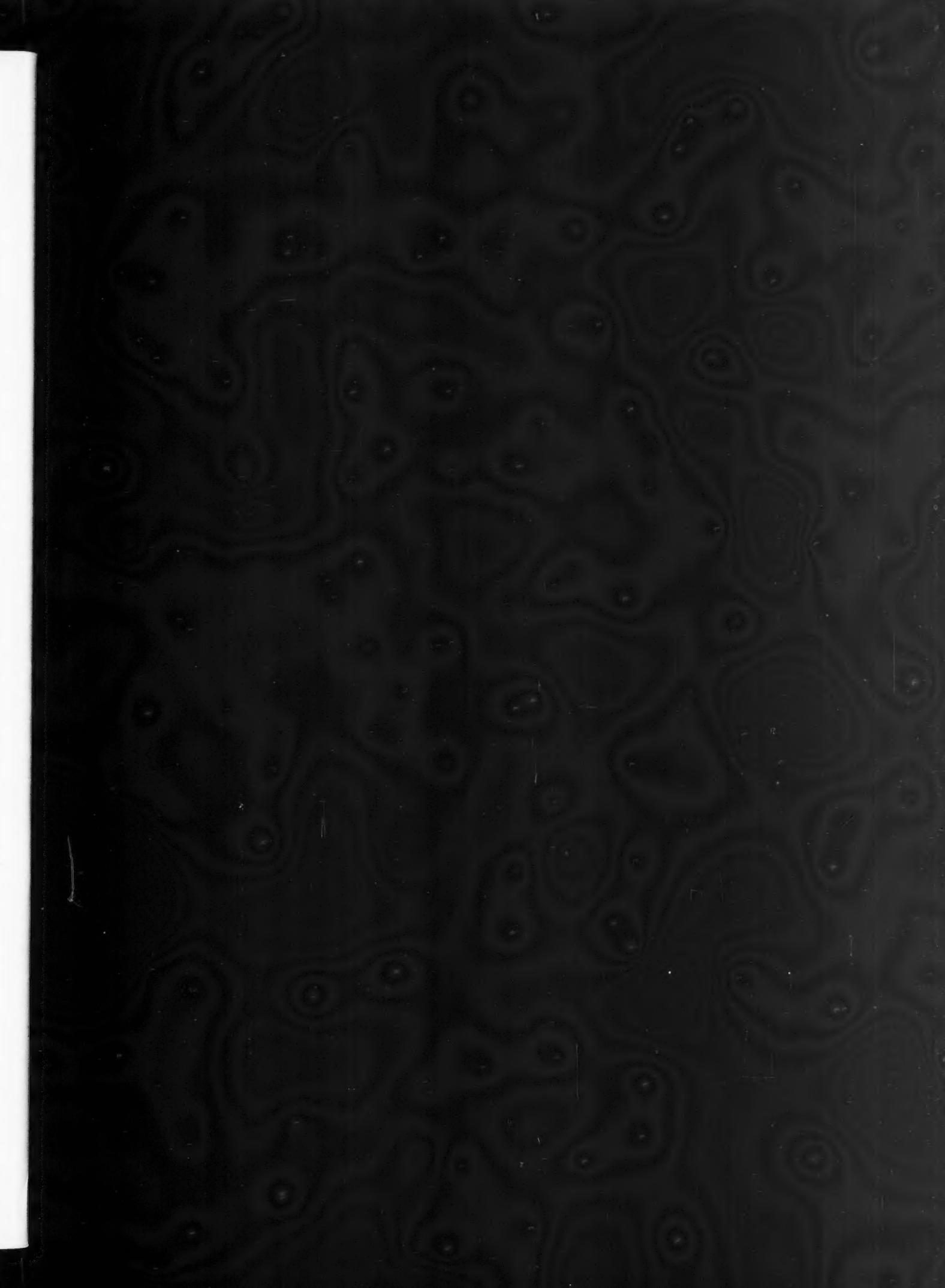
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*Under Reliance Direction*

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Flare skirt. One  
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Middy Twill at  
\$3.00 each, or 3  
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High Quality Navy Blue Cheviot  
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An ultra smart style,  
open to the waist,  
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Jean Cloth, also  
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best quality Ocean  
Pearl buttons.



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to producing a style  
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Even Sizes, 34 to 44 Bust,  
Length 38 inches.  
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